* The beneficiary total premium for Medicare Advantage, Cost Plans and Demonstrations covers Medicare medical and hospital benefits, and prescription drug benefits and supplemental benefits, where offered. The beneficiary drug premium is the portion of the total premium that covers prescription drugs only; plan premiums vary for these benefits. Beneficiaries generally are also responsible for the Part B premium.

Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

		Description Description							,	. , .	Cost		<u> </u>			erage		Convenience
			M		ype of Advantage	Plan					D	rug Deduc	tible		Coverage	Additional Offered in verage Gap		
County	Organization Name	Plan Name	нмо	Local PPO	Regional PPO	Private Fee-for- Service		Demo Plan	Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Zero	Reduced	Standard (\$250)	Includes Tiered Copay- ments for Drugs	Generics Only	Generics and Brands	Number of Top 100 Drugs on Formulary	Mail Order Offered
APPLING	Humana Insurance Company	HumanaChoicePPO PPO R5826-017	TIMO	110	•	Jei vice	I Idii	I Idii	\$50.00	-	2010	ricadoca	(ψ200)	Drugs	Offiny	Dianas	1 Officially	Ollered
	, ,	Humana Gold Choice PFFS H1804-014				•			\$63.00	\$30.89	•	ì		•			97	•
		HumanaChoicePPO PPO R5826-031			•				\$86.00	\$21.32		•					97	•
		HumanaChoicePPO PPO R5826-004			•				\$97.00	\$32.47	•	ì		•			97	•
	InStil Health Insurance Company	InStil InChoice Option I - Regional			•				\$12.00	-		ì						
	, ,	InStil InChoice Option I - Regional			•				\$47.00	\$35.28	•			•			96	•
		InStil InChoice Option II - Regional					-	1	\$60.00	-	1	1						
		InStil InChoice Option II - Regional			•		-	1	\$102.00	\$41.87	•	1		•			96	
ATKINSON	Humana Insurance Company	HumanaChoicePPO PPO R5826-017			•		1		\$50.00	φ+1.07 -	<u> </u>	1		-			50	·
71111110011	Tramana modrance company	Humana Gold Choice PFFS H1804-014			-		1		\$63.00	\$30.89	•	1		•			97	•
		HumanaChoicePPO PPO R5826-031			•	Ť			\$86.00	\$21.32	 	•					97	•
		HumanaChoicePPO PPO R5826-004			•		<u> </u>	1	\$97.00	\$32.47	•	-					97	•
	InStil Health Insurance Company	InStil InChoice Option I - Regional			•		 	 	\$12.00	ψ32.47	 	<u> </u>		•			31	•
	ineti ricati instrance company	InStil InChoice Option I - Regional			-		<u> </u>	1	\$47.00	\$35.28	•	1		•			96	•
		InStil InChoice Option II - Regional			·		<u> </u>	1	\$60.00	ψ33.20 -		1		•			30	•
		InStil InChoice Option II - Regional			•				\$102.00	\$41.87	•	1	1	•	•		96	•
BACON	Humana Insurance Company	HumanaChoicePPO PPO R5826-017	-		•		 	 	\$50.00	941.07	-	ļ		·	•		90	•
BACON	numana insurance Company	Humana Gold Choice PFFS H1804-014			•	•	-		\$63.00	\$30.89		1	 				97	•
		HumanaChoicePPO PPO R5826-031	1		•	•	<u> </u>	1	\$86.00	\$21.32	-			•			97	•
		HumanaChoicePPO PPO R5826-004	1				<u> </u>	1	\$97.00	\$32.47	1	-					97	
	In Ctil I lookh Ingurange Company		-		•				\$97.00 \$12.00	\$32.47	•	ļ		•			97	•
	InStil Health Insurance Company	InStil InChoice Option I - Regional			•		-	1	\$47.00	\$35.28							96	
		InStil InChoice Option I - Regional			•		-	1			•			•			96	•
		InStil InChoice Option II - Regional			•				\$60.00	- 07							00	
DAKED		InStil InChoice Option II - Regional			•		-	1	\$102.00	\$41.87				•	•		96	•
BAKER	Humana Insurance Company	Humana Gold Choice PFFS H1804-006				•			\$0.00	\$0.00	•			•			97	•
		HumanaChoicePPO PPO R5826-017			•				\$50.00	-								
		HumanaChoicePPO PPO R5826-031			•				\$86.00	\$21.32		•					97	•
		HumanaChoicePPO PPO R5826-004			•		<u> </u>		\$97.00	\$32.47	•			•			97	•
	InStil Health Insurance Company	InStil InChoice Option I - Regional			•				\$12.00									
		InStil InChoice Option I - Regional			•		<u> </u>		\$47.00	\$35.28	•			•			96	•
		InStil InChoice Option II - Regional			•				\$60.00	-								
		InStil InChoice Option II - Regional			•		<u> </u>		\$102.00	\$41.87	•			•	•		96	•
BALDWIN	Blue Cross Blue Shield Healthcare Plar of Georgia	SmartValue Classic				•			\$29.00	-								
		SmartValue Plus				•			\$34.00	\$21.76			•	•			88	•
	Humana Insurance Company	HumanaChoicePPO PPO R5826-017			•				\$50.00	-								
		Humana Gold Choice PFFS H1804-014				•			\$63.00	\$30.89	•			•			97	•
		HumanaChoicePPO PPO R5826-031			•				\$86.00	\$21.32		•					97	•
		HumanaChoicePPO PPO R5826-004			•				\$97.00	\$32.47	•			•			97	•
	InStil Health Insurance Company	InStil InChoice Option I - Regional			•				\$12.00	-								
		InStil InChoice Option I - Regional			•				\$47.00	\$35.28	•			•			96	•
		InStil InChoice Option II - Regional			•				\$60.00	-								
		InStil InChoice Option II - Regional			•				\$102.00	\$41.87	•			•	•		96	•
	SecureHorizons Direct	SecureHorizons Direct Plan 4				•			\$25.00	-								
		SecureHorizons Direct Premier Plan 200				•			\$85.00	-								
	United Healthcare Insurance Company								\$27.13	\$27.13				•			97	•
		Evercare Plan DP							\$33.15	\$33.15				•			97	•

* The beneficiary total premium for Medicare Advantage, Cost Plans and Demonstrations covers Medicare medical and hospital benefits, and prescription drug benefits and supplemental benefits, where offered. The beneficiary drug premium is the portion of the total premium that covers prescription drugs only; plan premiums vary for these benefits. Beneficiaries generally are also responsible for the Part B premium.

Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

		Description Description									Cost		<u> </u>			erage		Convenience
			Me		ype of Advantage	Plan					D	rug Deduc	tible		Coverage	Additional Offered in verage Gap		
County	Organization Name	Plan Name	нмо	Local PPO	Regional PPO	Private Fee-for- Service		Demo Plan	Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Zero	Reduced	Standard (\$250)	Includes Tiered Copay- ments for Drugs	Generics Only	Generics and Brands	Number of Top 100 Drugs on Formulary	Mail Order Offered
	Blue Cross Blue Shield Healthcare Plan												(,)		. ,		,	5.10.00
BANKS	of Georgia	SmartValue Classic				•			\$29.00	-								
		SmartValue Plus				•			\$34.00	\$21.76			•	•			88	•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-013				•			\$43.00	\$30.89	•			•			97	•
		HumanaChoicePPO PPO R5826-017			•				\$50.00	-							07	
-	+	HumanaChoicePPO PPO R5826-031 HumanaChoicePPO PPO R5826-004	 		•	 	<u> </u>		\$86.00 \$97.00	\$21.32 \$32.47	•	•			 	 	97 97	•
-	InStil Health Insurance Company	InStil InChoice Option I - Regional	1		-:	1	1		\$97.00 \$12.00	\$32.47	•	1		•	1	1	91	•
-	inour realitrinistrance company	InStil InCare	 		•	-	 		\$30.00	-	-	 			-	 		
<u> </u>	 	InStil InChoice Option I - Regional			•	t			\$47.00	\$35.28	•	†	1	•	1	†	96	•
		InStil InChoice Option II - Regional	1		•				\$60.00	-	1				1			
		InStil InChoice Option II - Regional			•				\$102.00	\$41.87	•			•	•		96	•
	SecureHorizons Direct	SecureHorizons Direct Plan 4				•			\$25.00	-	Ī							
		SecureHorizons Direct Premier Plan 100				•			\$95.00	-								
BARROW	Blue Cross Blue Shield Healthcare Plar of Georgia	SmartValue Classic							\$29.00	-								
		SmartValue Plus							\$34.00	\$21.76							88	•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-013				•			\$43.00	\$30.89	•			•			97	•
		HumanaChoicePPO PPO R5826-017			•				\$50.00	-								
		HumanaChoicePPO PPO R5826-031			•				\$86.00	\$21.32		•					97	•
		HumanaChoicePPO PPO R5826-004			•				\$97.00	\$32.47	•			•			97	•
	InStil Health Insurance Company	InStil InChoice Option I - Regional			•				\$12.00	-								
		InStil InCare				•			\$30.00	-							00	
		InStil InChoice Option I - Regional	-		•		-		\$47.00 \$60.00	\$35.28	•			•			96	•
		InStil InChoice Option II - Regional InStil InChoice Option II - Regional	1		•		-	-	\$102.00	\$41.87					<u> </u>		96	_
	SecureHorizons Direct	SecureHorizons Direct Plan 3	1		•		-	-	\$102.00	\$41.87	•			•	•		96	•
	Secure Horizons Direct	SecureHorizons Direct Premier Plan 200				<u> </u>			\$85.00	-								
	United Healthcare Insurance Company					Ť			\$27.13	\$27.13							97	
	Blue Cross Blue Shield Healthcare Plan																	
BARTOW	of Georgia	SmartValue Classic				•			\$29.00	-								
		SmartValue Plus							\$34.00	\$21.76			•	•			88	•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-013				•			\$43.00	\$30.89	•			•			97	•
		HumanaChoicePPO PPO R5826-017			•		<u> </u>		\$50.00	-	<u> </u>				ļ			
		HumanaChoicePPO PPO R5826-031	ļ		•	 	<u> </u>		\$86.00	\$21.32	ļ	•			ļ	ļ	97	•
	In Oall I I and the Innoverse of Control	HumanaChoicePPO PPO R5826-004	ļ		•		<u> </u>		\$97.00	\$32.47	•			•	ļ		97	•
	InStil Health Insurance Company	InStil InChoice Option I - Regional			•	1	<u> </u>		\$12.00 \$47.00	- \$35.28	<u> </u>			-			96	
-	+	InStil InChoice Option I - Regional InStil InChoice Option II - Regional	 		•	 	<u> </u>		\$47.00 \$60.00	\$35.28	•	 		•	 	 	96	•
—	+	InStil InChoice Option II - Regional	1		-:	1	1		\$102.00	\$41.87	•	1			•	1	96	•
 	SecureHorizons Direct	SecureHorizons Direct Plan 3	 		•		 		\$0.00	\$41.07 -		1				1	JU	
-	COCC. OF TOTIZOTIO ENTOCE	SecureHorizons Direct Premier Plan 200	 			<u> </u>	 		\$85.00	-	-	 			-	 		
	Sterling Option I	Sterling Option I	1			•	1		\$9.00	-	1	1		-	1	1		
	9	J							*****									
	United Healthcare Insurance Company	Evercare Plan IP		•					\$27.13	\$27.13	•			•			97	•

* The beneficiary total premium for Medicare Advantage, Cost Plans and Demonstrations covers Medicare medical and hospital benefits, and prescription drug benefits and supplemental benefits, where offered. The beneficiary drug premium is the portion of the total premium that covers prescription drugs only; plan premiums vary for these benefits. Beneficiaries generally are also responsible for the Part B premium.

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		Description						9			Cost		,			erage		Convenience
			M		ype of Advantage	Plan					D	rug Deduc	tible		Coverage	Additional Offered in verage Gap		
County	Organization Name	Plan Name	нмо	Local PPO	Regional PPO	Private Fee-for- Service		Demo	Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Zero	Reduced	Standard (\$250)	Includes Tiered Copay- ments for Drugs	Generics Only	Generics and Brands	Number of Top 100 Drugs on Formulary	Mail Order Offered
County BEN HILL	Humana Insurance Company	HumanaChoicePPO PPO R5826-017	ПИО	PPU	•	Service	Pian	Pian	\$50.00	Premium -	Zeio	Reduced	(\$250)	Drugs	Offig	Dianus	Formulary	Offered
DENTILL	Trumana msurance company	Humana Gold Choice PFFS H1804-014			•	•			\$63.00	\$30.89				•			97	
		HumanaChoicePPO PPO R5826-031					1		\$86.00	\$21.32				-	1		97	•
		HumanaChoicePPO PPO R5826-004			•				\$97.00	\$32.47	•	1		•			97	•
	InStil Health Insurance Company	InStil InChoice Option I - Regional			•		†		\$12.00	-							Ü.	
	, ,	InStil InChoice Option I - Regional			•				\$47.00	\$35.28	•	i e		•			96	•
		InStil InChoice Option II - Regional			•				\$60.00	-		i e						
		InStil InChoice Option II - Regional			•				\$102.00	\$41.87	•			•	•		96	•
	SecureHorizons Direct	SecureHorizons Direct Plan 3				•			\$0.00	-								
		SecureHorizons Direct Premier Plan 200				•	L		\$85.00	-					<u></u>			
BERRIEN	Blue Cross Blue Shield Healthcare Plar of Georgia	SmartValue Classic							\$29.00	-								
		SmartValue Plus				•			\$34.00	\$21.76		ļ	•	•	ļ		88	•
	Humana Insurance Company	HumanaChoicePPO PPO R5826-017			•		<u> </u>		\$50.00	-		<u> </u>			ļ			
		Humana Gold Choice PFFS H1804-014				•			\$63.00	\$30.89	•			•			97	•
		HumanaChoicePPO PPO R5826-031			•				\$86.00	\$21.32							97	•
	1.0:711	HumanaChoicePPO PPO R5826-004			•				\$97.00	\$32.47	•			•			97	•
	InStil Health Insurance Company	InStil InChoice Option I - Regional			•				\$12.00	-								
		InStil InChoice Option I - Regional			•				\$47.00 \$60.00	\$35.28	•			•			96	•
		InStil InChoice Option II - Regional InStil InChoice Option II - Regional			•				\$102.00	- \$41.87		ļ		•	•		96	•
-	SecureHorizons Direct	SecureHorizons Direct Plan 3			•		1		\$0.00	\$41.07 -	•			•	•		96	•
	Gecurer for izons bliect	SecureHorizons Direct Premier Plan 200				-			\$85.00		+	1			1			
BIBB	Humana Insurance Company	Humana Gold Choice PFFS H1804-013				- : -			\$43.00	\$30.89				•			97	•
5.55	Tramana modranos company	HumanaChoicePPO PPO R5826-017			•		1		\$50.00	φου.σσ		1		-	1		- 51	-
		HumanaChoicePPO PPO R5826-031			•		-		\$86.00	\$21.32		•					97	•
		HumanaChoicePPO PPO R5826-004			•				\$97.00	\$32.47	•			•			97	•
	InStil Health Insurance Company	InStil InChoice Option I - Regional			•				\$12.00	-								
		InStil InChoice Option I - Regional			•				\$47.00	\$35.28	•	1		•			96	•
		InStil InChoice Option II - Regional			•				\$60.00	-								
		InStil InChoice Option II - Regional			•				\$102.00	\$41.87	•			•	•		96	•
	SecureHorizons Direct	SecureHorizons Direct Plan 4				•			\$25.00	-								
		SecureHorizons Direct Premier Plan 100				•			\$95.00	-								
	United Healthcare Insurance Company	Evercare Plan IP							\$27.13	\$27.13	•			•			97	•
DI FOKLEY	Liberton Income Comment	Evercare Plan DP							\$33.15	\$33.15	•			•			97	•
BLECKLEY	Humana Insurance Company	HumanaChoicePPO PPO R5826-017 Humana Gold Choice PFFS H1804-014	-		•	<u> </u>	-	 	\$50.00 \$63.00	\$30.89	1	 			 	 	97	
<u> </u>		Humana Gold Choice PFFS H1804-014 HumanaChoicePPO PPO R5826-031			•	•	<u> </u>	<u> </u>	\$63.00 \$86.00	\$30.89 \$21.32	•	•		•	 	 	97	•
———		HumanaChoicePPO PPO R5826-031 HumanaChoicePPO PPO R5826-004	-	-	•	 	 	 	\$86.00	\$21.32		<u> </u>		•	 	 	97	•
-	InStil Health Insurance Company	InStil InChoice Option I - Regional			•	 	1	l	\$12.00	φ32.47	+-	 	 	•	1	 	91	-
1	mount reality insurance company	InStil InChoice Option I - Regional			•		-	l -	\$47.00	\$35.28		 		•	1		96	
-	1	InStil InChoice Option II - Regional			•	 	 	-	\$60.00	φ33.26 -	t -	-		-	 	 	30	
-	1	InStil InChoice Option II - Regional			-:-	 	 	-	\$102.00	\$41.87	•	 		•	•	 	96	•
BRANTLEY	Humana Insurance Company	HumanaChoicePPO PPO R5826-017			•	1	1	1	\$50.00	-		1			<u> </u>	1		
		Humana Gold Choice PFFS H1804-014							\$63.00	\$30.89				•	†		97	•
		HumanaChoicePPO PPO R5826-031			•				\$86.00	\$21.32		•			†		97	•
		HumanaChoicePPO PPO R5826-004			•				\$97.00	\$32.47	•			•	Ì		97	•
	InStil Health Insurance Company	InStil InChoice Option I - Regional			•				\$12.00	-							1	
	, i	InStil InChoice Option I - Regional			•				\$47.00	\$35.28	•			•			96	•
		InStil InChoice Option II - Regional			•				\$60.00	-								
		InStil InChoice Option II - Regional			•				\$102.00	\$41.87	•			•	•		96	•

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Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

		Description									Cost				Cove	erage		Convenience
			М		ype of Advantage	Plan					D	rug Deduc	tible		Coverage	Additional Offered in erage Gap		
County	Organization Name	Plan Name	нмо	Local PPO	Regional PPO	Private Fee-for- Service		Demo Plan	Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Zero	Reduced	Standard (\$250)	Includes Tiered Copayments for Drugs	Generics Only	Generics and Brands	Number of Top 100 Drugs on Formulary	Mail Order Offered
BROOKS	Humana Insurance Company	HumanaChoicePPO PPO R5826-017			•				\$50.00	-								
		Humana Gold Choice PFFS H1804-014				•			\$63.00	\$30.89	•			•			97	•
		HumanaChoicePPO PPO R5826-031			•				\$86.00	\$21.32		•					97	•
	In Ord I I and the Innovation of Comments	HumanaChoicePPO PPO R5826-004	_		•				\$97.00	\$32.47	•			•			97	•
	InStil Health Insurance Company	InStil InChoice Option I - Regional			•				\$12.00	- 025.20				_			06	
		InStil InChoice Option I - Regional InStil InChoice Option II - Regional			•				\$47.00 \$60.00	\$35.28	•			•			96	•
		InStil InChoice Option II - Regional			•	1			\$102.00	\$41.87	•		-	•			96	•
	Blue Cross Blue Shield Healthcare Plan	nistii inchoice Option ii - regional			•				\$102.00	Φ41.07	•			•	•		90	•
BRYAN	of Georgia	SmartValue Classic				•			\$29.00	-								
		SmartValue Plus				•			\$34.00	\$21.76				•			88	•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-013		<u> </u>		•	<u> </u>		\$43.00	\$30.89	•			•			97	•
		HumanaChoicePPO PPO R5826-017	ļ	ļ	•	ļ	<u> </u>		\$50.00	-	ļ	1			ļ			
		HumanaChoicePPO PPO R5826-031		<u> </u>	•		<u> </u>		\$86.00	\$21.32	ļ	•					97	•
	In Ord I I and the Innovation of Comments	HumanaChoicePPO PPO R5826-004	_		•				\$97.00	\$32.47	•			•			97	•
	InStil Health Insurance Company	InStil InChoice Option I - Regional InStil InChoice - Option I			•				\$12.00 \$40.00	-								
		InStil InChoice - Option I - Regional	1	•			-		\$40.00 \$47.00	\$35.28	•			•			96	
		InStil InChoice Option II - Regional			•				\$60.00	φ33.26 -	•			•			90	•
		InStil InChoice - Option I							\$76.00	\$35.69	•			•			96	•
		InStil InChoice - Option II		•					\$87.00	-	-		1					-
		InStil InChoice Option II - Regional	1		•				\$102.00	\$41.87	•			•			96	•
		InStil InChoice - Option II		•		1			\$130.00	\$43.31	•			•	•		96	•
	SecureHorizons Direct	SecureHorizons Direct Plan 4				•			\$25.00	-								
		SecureHorizons Direct Premier Plan 100				•			\$95.00	-								
	Sterling Option I	Sterling Option I				•			\$9.00	-								
BULLOCH	Humana Insurance Company	HumanaChoicePPO PPO R5826-017			•				\$50.00	-								
		Humana Gold Choice PFFS H1804-014				•			\$63.00	\$30.89	•			•			97	•
		HumanaChoicePPO PPO R5826-031			•				\$86.00	\$21.32		•					97	•
		HumanaChoicePPO PPO R5826-004			•				\$97.00	\$32.47	•			•			97	•
	InStil Health Insurance Company	InStil InChoice Option I - Regional	_		•				\$12.00	-								
		InStil InChoice Option I - Regional InStil InChoice Option II - Regional			•				\$47.00 \$60.00	\$35.28	•			•			96	•
		InStil InChoice Option II - Regional			•	1			\$102.00	\$41.87	•		-	•			96	•
	Sterling Option I	Sterling Option I			•	•	-		\$9.00	φ41.07	-	+	1	•	•		90	•
	Blue Cross Blue Shield Healthcare Plan	otening option i				<u> </u>			ψ0.00									
BURKE	of Georgia	SmartValue Classic				•			\$9.00	-								
		SmartValue Plus				•			\$11.00	\$6.00				•			88	•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-006		<u> </u>		•	<u> </u>		\$0.00	\$0.00	•			•			97	•
		HumanaChoicePPO PPO R5826-017		<u> </u>	•		<u> </u>		\$50.00	-	ļ	1						
		HumanaChoicePPO PPO R5826-031		!	•		1		\$86.00 \$97.00	\$21.32 \$32.47		•		_			97 97	:
-	InStil Health Insurance Company	HumanaChoicePPO PPO R5826-004 InStil InChoice Option I - Regional	 	1	•	 		 	\$97.00 \$12.00	φ32.47	⊢ •	 	-	•	 		9/	•
	mour riealur insurance Company	InStil InChoice - Option I	1		•	1	1	-	\$12.00		1	1		-	1			-
		InStil InChoice Option I - Regional		⊢ -		 		l	\$47.00	\$35.28				•			96	•
-		InStil InChoice - Option I	 		⊢ •	 	1	-	\$58.00	\$35.26	•	-		-	 		96	-
-		InStil InChoice Option II - Regional	 	⊢ -		 	1	-	\$60.00	φ33.73 -	 	-		-	 		30	i i
		InStil InChoice - Option II	1			†		1	\$70.00	-	1							
		InStil InChoice Option II - Regional		1	•				\$102.00	\$41.87	•			•	•		96	•
		InStil InChoice - Option II		•					\$113.00	\$43.38	•			•	•		96	•
	SecureHorizons Direct	SecureHorizons Direct Plan 2				•			\$0.00	-								
		SecureHorizons Direct Premier Plan 200				•			\$85.00	-								
	Sterling Option I	Sterling Option I				•			\$9.00	-								

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Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

		Description									Cost				Cove	erage		Convenience
			М		ype of Advantage	Plan					D	rug Deduc	tible		Coverage	Additional Offered in verage Gap		
County	Organization Name	Plan Name	нмо	Local PPO	Regional PPO	Private Fee-for- Service		Demo Plan	Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Zero	Reduced	Standard (\$250)	Includes Tiered Copayments for Drugs	- Generics Only	Generics and Brands	Number of Top 100 Drugs on Formulary	Mail Order Offered
County	Blue Cross Blue Shield Healthcare Plan					00.7.00			1 1011110111)				(+=++)	2. ago			. ormanary	0.10100
BUTTS	of Georgia	SmartValue Classic				•			\$29.00	-								
		0 444 54							****	004.70								
	Humana Insurance Company	SmartValue Plus Humana Gold Choice PFFS H1804-013				•			\$34.00 \$43.00	\$21.76 \$30.89			•	•			88 97	:
	Humana insurance Company	HumanaChoicePPO PPO R5826-017	1	<u> </u>	•	<u> </u>	-		\$43.00 \$50.00	\$30.89	•			•	<u> </u>		97	•
		HumanaChoicePPO PPO R5826-031	1	<u> </u>	-:		-		\$86.00	\$21.32					<u> </u>		97	
		HumanaChoicePPO PPO R5826-004			•				\$97.00	\$32.47	•				1		97	•
	InStil Health Insurance Company	InStil InChoice Option I - Regional			•				\$12.00	\$32.4 <i>1</i>	<u> </u>			•	1		31	•
		InStil InChoice Option I - Regional	1	1	•	1	1		\$47.00	\$35.28	•	1		•	1		96	•
		InStil InChoice Option II - Regional	1	1	•	1	1		\$60.00	-	<u> </u>	1		<u> </u>	1		- 55	
	<u> </u>	InStil InChoice Option II - Regional		†	•	†			\$102.00	\$41.87	•	†	1	•	•		96	•
	SecureHorizons Direct	SecureHorizons Direct Plan 4	1						\$25.00	-								
		SecureHorizons Direct Premier Plan 100	1			•			\$95.00	-					1			
	United Healthcare Insurance Company	Evercare Plan IP		•					\$27.13	\$27.13	•			•			97	•
CALHOUN	Humana Insurance Company	Humana Gold Choice PFFS H1804-006				•			\$0.00	\$0.00	•			•			97	•
	, , , , , , , , , , , , , , , , , , , ,	HumanaChoicePPO PPO R5826-017			•				\$50.00	-								
		HumanaChoicePPO PPO R5826-031			•				\$86.00	\$21.32		•					97	•
		HumanaChoicePPO PPO R5826-004			•				\$97.00	\$32.47	•			•			97	•
	InStil Health Insurance Company	InStil InChoice Option I - Regional			•				\$12.00	-								
		InStil InChoice Option I - Regional			•				\$47.00	\$35.28	•			•			96	•
		InStil InChoice Option II - Regional			•				\$60.00	-								
		InStil InChoice Option II - Regional			•				\$102.00	\$41.87	•			•	•		96	•
CAMDEN	Blue Cross Blue Shield Healthcare Plan of Georgia	SmartValue Classic							\$29.00	-								
		SmartValue Plus							\$34.00	\$21.76							88	
	Humana Insurance Company	HumanaChoicePPO PPO R5826-017	 		•	l i	-		\$50.00	Ψ21.70			•	•	<u> </u>		00	· ·
	Trumana msurance company	Humana Gold Choice PFFS H1804-014			·	•			\$63.00	\$30.89	•			•			97	•
		HumanaChoicePPO PPO R5826-031	 		•	l i	-		\$86.00	\$21.32		•		•	<u> </u>		97	•
		HumanaChoicePPO PPO R5826-004	 		•		-		\$97.00	\$32.47	•	1		•	<u> </u>		97	•
	InStil Health Insurance Company	InStil InChoice Option I - Regional			•				\$12.00	φο Σ .47	-			•	1			•
	incar reduct modification company	InStil InChoice Option I - Regional			•				\$47.00	\$35.28	•			•	1		96	•
		InStil InChoice Option II - Regional			•				\$60.00	-								
		InStil InChoice Option II - Regional	1		•				\$102.00	\$41.87				•			96	•
	SecureHorizons Direct	SecureHorizons Direct Plan 4	1			•			\$25.00	-								
		SecureHorizons Direct Premier Plan 100				•			\$95.00	-					1			
	Blue Cross Blue Shield Healthcare Plan								******						1			
CANDLER	of Georgia	SmartValue Classic							\$29.00	-					1			
	3 ··	SmartValue Plus							\$34.00	\$21.76							88	
	Humana Insurance Company	HumanaChoicePPO PPO R5826-017	1	1			-		\$50.00	φ21.70		 		•	1		00	•
	namana mourance Company	Humana Gold Choice PFFS H1804-014	 	 	•		-		\$63.00	\$30.89		 	-	•	 		97	
	+	HumanaChoicePPO PPO R5826-031	1	1	•		-		\$86.00	\$21.32	<u> </u>		 	•	1		97	•
	1	HumanaChoicePPO PPO R5826-004	 	 	•	1			\$97.00	\$32.47		'		•	 		97	•
	InStil Health Insurance Company	InStil InChoice Option I - Regional	1	1	•	 	-		\$12.00	φ32.4 <i>1</i>	<u> </u>	 	 	•	1		31	•
	mour realitrinsurance Company	InStil InChoice Option I - Regional	 	1	•	 	-		\$47.00	\$35.28		 	1	•	1		96	•
	+	InStil InChoice Option II - Regional	1	1	•	 	-		\$60.00	φου.20	<u> </u>	 	 	•	1		30	•
		InStil InChoice Option II - Regional	 	 	-	 	 		\$102.00	\$41.87		 		•	-		96	•
	SecureHorizons Direct	SecureHorizons Direct Plan 3	+	1			-	_	\$0.00	ψ-1.07	_ <u>-</u>	 	-	•	⊢ •		30	•

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		Description						9			Cost	p	,			erage		Convenience
			M		ype of Advantage	Plan					D	rug Deduct	ible		Coverage	Additional Offered in verage Gap		
County	Organization Name	Plan Name	нмо	Local PPO	Regional PPO	Private Fee-for- Service		Demo Plan	Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Zero	Reduced	Standard (\$250)	Includes Tiered Copay- ments for Drugs	Generics Only	Generics and Brands	Number of Top 100 Drugs on Formulary	Mail Order Offered
CARROLL	Humana Insurance Company	Humana Gold Choice PFFS H1804-013				•			\$43.00	\$30.89	•			•			97	•
		HumanaChoicePPO PPO R5826-017			•				\$50.00	-								
		HumanaChoicePPO PPO R5826-031			•				\$86.00	\$21.32		•					97	•
		HumanaChoicePPO PPO R5826-004			•				\$97.00	\$32.47	•			•			97	•
	InStil Health Insurance Company	InStil InCare				•			\$0.00	-							-	
	, , , , , , , , , , , , , , , , , , , ,	InStil InChoice Option I - Regional			•				\$12.00	-								
		InStil InChoice Option I - Regional			•				\$47.00	\$35.28	•			•			96	•
		InStil InChoice Option II - Regional							\$60.00	-								
		InStil InChoice Option II - Regional			•				\$102.00	\$41.87	•			•	•		96	•
	SecureHorizons Direct	SecureHorizons Direct Plan 4			ì	•			\$25.00	-								
		SecureHorizons Direct Premier Plan 200			1	•			\$85.00	-								
	Blue Cross Blue Shield Healthcare P				1				******					1				
CATOOSA	of Georgia	SmartValue Classic				•			\$29.00	-								
		SmartValue Plus				•			\$34.00	\$21.76			•	•			88	•
	Humana Insurance Company	HumanaChoicePPO PPO R5826-017			•				\$50.00	-							07	
		Humana Gold Choice PFFS H1804-014				•			\$63.00	\$30.89	•			•			97	•
		HumanaChoicePPO PPO R5826-031			•				\$86.00	\$21.32		•					97	•
	In Oall I I and the Incomment of Comment	HumanaChoicePPO PPO R5826-004			•				\$97.00	\$32.47	•			•			97	•
	InStil Health Insurance Company	InStil InChoice Option I - Regional			•				\$12.00	-								
		InStil InChoice Option I - Regional			•				\$47.00	\$35.28	•			•			96	•
		InStil InChoice Option II - Regional			•				\$60.00									
	l	InStil InChoice Option II - Regional			•				\$102.00	\$41.87	•			•	•		96	•
	SecureHorizons Direct	SecureHorizons Direct Plan 3				•			\$0.00	-								
OLIABITANI	ļ.,	SecureHorizons Direct Premier Plan 200				•			\$85.00	-								
CHARLTON	Humana Insurance Company	HumanaChoicePPO PPO R5826-017			•				\$50.00	-								
		Humana Gold Choice PFFS H1804-014				•			\$63.00	\$30.89	•			•			97	•
		HumanaChoicePPO PPO R5826-031			•				\$86.00	\$21.32		•					97	•
	1 0 7 1 1 1 1	HumanaChoicePPO PPO R5826-004			•				\$97.00	\$32.47	•			•			97	•
	InStil Health Insurance Company	InStil InChoice Option I - Regional			•				\$12.00	-								
		InStil InChoice Option I - Regional			•				\$47.00	\$35.28	•			•			96	•
		InStil InChoice Option II - Regional			•				\$60.00	-								
		InStil InChoice Option II - Regional			•				\$102.00	\$41.87	•			•	•		96	•
CHATHAM	Humana Insurance Company	Humana Gold Choice PFFS H1804-013				•			\$43.00	\$30.89	•			•			97	•
		HumanaChoicePPO PPO R5826-017			•				\$50.00	-							077	
		HumanaChoicePPO PPO R5826-031			•				\$86.00	\$21.32		•					97	•
	1 0 7 1 1 1 1	HumanaChoicePPO PPO R5826-004			•				\$97.00	\$32.47	•			•			97	•
	InStil Health Insurance Company	InStil InChoice Option I - Regional			•				\$12.00	-								
		InStil InChoice - Option I		•					\$40.00	-								
		InStil InChoice Option I - Regional			•				\$47.00	\$35.28	•			•			96	•
		InStil InChoice Option II - Regional			•		-		\$60.00	-		ļ			ļ	ļ		
		InStil InChoice - Option I		•	ļ				\$76.00	\$35.69	•			•			96	•
		InStil InChoice - Option II		•	ļ				\$87.00	-								
		InStil InChoice Option II - Regional			•				\$102.00	\$41.87	•			•	•		96	•
	<u></u>	InStil InChoice - Option II		•	ļ				\$130.00	\$43.31	•			•	•		96	•
	SecureHorizons Direct	SecureHorizons Direct Plan 4				•			\$25.00	-								
	la. r. o r. l	SecureHorizons Direct Premier Plan 100			ļ	•			\$95.00	-								
	Sterling Option I	Sterling Option I			1	•			\$9.00	-	1	1				<u> </u>	l	1

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Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

		Description					9			Cost		-,			erage		Convenience
			М		ype of Advantage	Plan				С	rug Deduc	tible		Coverage	Additional Offered in verage Gap		
County	Organization Name	Plan Name	нмо	Local PPO	Regional PPO	Private Fee-for- Service		Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Zero	Reduced	Standard (\$250)	Includes Tiered Copay- ments for Drugs	Generics Only	Generics and Brands	Number of Top 100 Drugs on Formulary	Mail Order Offered
CHATTAHOOCHEE	Blue Cross Blue Shield Healthcare Pla of Georgia	SmartValue Classic						\$9.00	_								
		SmartValue Plus						\$11.00	\$6.00							88	•
		Sinart value i lus				-		\$11.00	Ψ0.00			Ť	1				
	Humana Insurance Company	Humana Gold Choice PFFS H1804-006				•		\$0.00	\$0.00	•			•			97	•
		HumanaChoicePPO PPO R5826-017						\$50.00	-								
		HumanaChoicePPO PPO R5826-031						\$86.00	\$21.32							97	
																	-
		HumanaChoicePPO PPO R5826-004			•		igsquare	\$97.00	\$32.47	•			•			97	•
	InStil Health Insurance Company	InStil InCare						\$0.00	-								
		InStil InChoice - Option I						\$0.00	\$0.00							96	•
		InStil InChoice - Option II						\$11.00	-								
		·		·													
		InStil InChoice Option I - Regional	1		•		++	\$12.00	-								
		InStil InChoice Option I - Regional			•			\$47.00	\$35.28	•			•			96	•
		InStil InChoice - Option II		•				\$53.00	\$41.64	•			•			96	•
		InStil InChoice Option II - Regional			•			\$60.00	-								
		InStil InChoice Option II - Regional						\$102.00	\$41.87							96	•
	SecureHorizons Direct	SecureHorizons Direct Plan 1				•	\vdash	\$0.00	-				-				
		SecureHorizons Direct Premier Plan 200				•		\$85.00	-								
CHATTOOGA	Humana Insurance Company	HumanaChoicePPO PPO R5826-017			•			\$50.00	-								
		Humana Gold Choice PFFS H1804-014				•		\$63.00	\$30.89	•			•			97	•
		HumanaChoicePPO PPO R5826-031			•			\$86.00	\$21.32		•					97	•
		HumanaChoicePPO PPO R5826-004			•			\$97.00	\$32.47	•			•			97	•
	InStil Health Insurance Company	InStil InChoice Option I - Regional	ļ	ļ	•	ļ	igspace	\$12.00			1		ļ	 	 		
		InStil InChoice Option I - Regional			•		igsquare	\$47.00	\$35.28	•		ļ	•			96	•
		InStil InChoice Option II - Regional	1		•		ш	\$60.00					ļ				
	<u> </u>	InStil InChoice Option II - Regional	ļ	ļ	•	ļ	igspace	\$102.00	\$41.87	•	1		•	•	 	96	•
	SecureHorizons Direct	SecureHorizons Direct Plan 4		<u> </u>		•	ш	\$25.00	-				ļ				
		SecureHorizons Direct Premier Plan 100				•		\$95.00	-								

* The beneficiary total premium for Medicare Advantage, Cost Plans and Demonstrations covers Medicare medical and hospital benefits, and prescription drug benefits and supplemental benefits, where offered. The beneficiary drug premium is the portion of the total premium that covers prescription drugs only; plan premiums vary for these benefits. Beneficiaries generally are also responsible for the Part B premium.

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		Description Description									Cost	•				erage		Convenience
			Me		ype of Advantage	Plan					С	rug Deduc	tible		Coverage	Additional Offered in verage Gap		
						Private Fee-for-		Demo			7	Dadward	Standard	Includes Tiered Copay- ments for	Generics	Generics and	Number of Top 100 Drugs on	Mail Order
County	Organization Name Blue Cross Blue Shield Healthcare Plar	Plan Name	НМО	PPO	PPO	Service	Plan	Plan	Premium)	Premium*	Zero	Reduced	(\$250)	Drugs	Only	Brands	Formulary	Offered
CHEROKEE	of Georgia	SecureCare							\$20.97	\$20.97							88	!
OHERORE	or coorgia	Cocarocaro							\$20.07	φ20.01							- 55	
		BlueValue Secure	•						\$32.00	\$22.36	•			•			88	
	Humana Insurance Company	HumanaChoicePPO PPO H5214-001		•					\$28.00	\$10.01	•			•	•		97	•
		HumanaChoicePPO PPO H5214-003		•					\$33.12	\$33.12	•			•			97	•
		Humana Gold Choice PFFS H1804-013				•			\$43.00	\$30.89	•			•			97	•
		HumanaChoicePPO PPO R5826-017			•				\$50.00	-								ldot
		HumanaChoicePPO PPO R5826-031			•				\$86.00	\$21.32		•					97	•
	1,000,000	HumanaChoicePPO PPO R5826-004			•		<u> </u>		\$97.00	\$32.47	•	ļ		•	ļ	ļ	97	•
	InStil Health Insurance Company	InStil InChoice Option I - Regional			•				\$12.00	-								
		InStil InChoice Option I - Regional		ļ	•		<u> </u>		\$47.00	\$35.28	•	ļ		•	-		96	•
		InStil InChoice Option II - Regional			•				\$60.00	644.07	ļ						00	
		InStil InChoice Option II - Regional Kaiser Permanente Senior Advantage B			•		-	-	\$102.00	\$41.87	•			•	•		96	•
	Kaiser Permanente Senior Advantage	Only							\$16.65	\$16.65							68	1
-	Raiser Fermanente Senior Auvantage	Kaiser Permanente Senior Advantage	•				1		\$35.00	\$0.00		•		-			68	
	Sterling Option I	Sterling Option I	•			•			\$9.00	-	•			•			00	
-	Blue Cross Blue Shield Healthcare Plan	Otening Option 1					 	-	ψ3.00		<u> </u>	<u> </u>						
CLARKE	of Georgia	SmartValue Classic				•			\$29.00	-								
		SmartValue Plus							\$34.00	\$21.76							88	!
	Humana Insurance Company	Humana Gold Choice PFFS H1804-006				•	1		\$0.00	\$0.00	•	1		•			97	•
	Transara mouraneo company	HumanaChoicePPO PPO R5826-017			•		1		\$50.00	φ0.00		1		•			- 57	
		HumanaChoicePPO PPO R5826-031			•				\$86.00	\$21.32		•					97	•
		HumanaChoicePPO PPO R5826-004			•				\$97.00	\$32.47	•			•			97	•
	Instil Health Insurance Company	InStil InChoice - Option I		•					\$0.00	-								
		InStil InChoice Option I - Regional			•				\$12.00	-								
		InStil InCare				•			\$30.00	-								
		InStil InChoice - Option I		•					\$36.00	\$36.00	•			•			96	•
		InStil InChoice Option I - Regional			•				\$47.00	\$35.28	•	1		•			96	•
		InStil InChoice - Option II		•					\$47.00	-		1						
		InStil InChoice Option II - Regional			•		L		\$60.00	-					<u></u>			
		InStil InChoice - Option II		•					\$90.00	\$43.16	•			•	•		96	•
		InStil InChoice Option II - Regional			•				\$102.00	\$41.87	•			•	•		96	•
	SecureHorizons Direct	SecureHorizons Direct Plan 2				•			\$0.00	-								
		SecureHorizons Direct Premier Plan 200				•			\$85.00	-								ldot
L	Blue Cross Blue Shield Healthcare Plan			l														1
CLAY	of Georgia	SmartValue Classic				•	<u> </u>		\$9.00	-	ļ	ļ			ļ	ļ		
		SmartValue Plus				•			\$11.00	\$6.00			•	•			88	
	Humana Insurance Company	Humana Gold Choice PFFS H1804-006				•			\$0.00	\$0.00	•			•			97	•
		HumanaChoicePPO PPO R5826-017			•				\$50.00	-								
		HumanaChoicePPO PPO R5826-031			•				\$86.00	\$21.32		•					97	•
		HumanaChoicePPO PPO R5826-004			•				\$97.00	\$32.47	•			•			97	•
	InStil Health Insurance Company	InStil InChoice Option I - Regional			•				\$12.00	-								
		InStil InChoice Option I - Regional			•				\$47.00	\$35.28	•			•			96	•
		InStil InChoice Option II - Regional			•				\$60.00	-								
		InStil InChoice Option II - Regional			•				\$102.00	\$41.87	•			•	•		96	•
	SecureHorizons Direct	SecureHorizons Direct Plan 1				•			\$0.00	-	ļ	ļ						
		SecureHorizons Direct Premier Plan 200		l		•	I		\$85.00	-			l	İ	l	I	l	1

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County	Organization Name	Plan Name	нмо	Local PPO	Regional PPO	Private Fee-for- Service		Demo Plan	Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Zero	Reduced	Standard (\$250)	Includes Tiered Copay ments for Drugs	- Generics Only	Generics and Brands	Number of Top 100 Drugs on Formulary	Mail Order Offered
-	Blue Cross Blue Shield Healthcare Plan								ĺ						Í			
CLAYTON	of Georgia	SecureCare	•						\$20.97	\$20.97			•				88	•
		BlueValue Secure							\$32.00	\$22.36							88	
	Humana Insurance Company	HumanaChoicePPO PPO H5214-001	Ť	•					\$28.00	\$10.01	•			•			97	•
	Transmission of the party	HumanaChoicePPO PPO H5214-003		•					\$33.12	\$33.12	•			•			97	•
		Humana Gold Choice PFFS H1804-013				•			\$43.00	\$30.89	•			•			97	•
		HumanaChoicePPO PPO R5826-017			•				\$50.00	-								
		HumanaChoicePPO PPO R5826-031			•				\$86.00	\$21.32		•					97	•
		HumanaChoicePPO PPO R5826-004			•				\$97.00	\$32.47	•			•			97	•
	InStil Health Insurance Company	InStil InChoice Option I - Regional	<u> </u>	<u> </u>	•	<u> </u>			\$12.00	-	<u> </u>	<u> </u>						
		InStil InChoice Option I - Regional			•	ļ	-		\$47.00	\$35.28	•	ļ		•			96	•
		InStil InChoice Option II - Regional			•				\$60.00	-								
		InStil InChoice Option II - Regional Kaiser Permanente Senior Advantage B		-	•				\$102.00	\$41.87	•			•	•		96	•
	Kaiser Permanente Senior Advantage	Only							\$16.65	\$16.65							68	
	Raisei Fermanente Senior Advantage	Kaiser Permanente Senior Advantage	:			1			\$35.00	\$0.00		•		-			68	
	SecureHorizons Direct	SecureHorizons Direct Plan 4	Ť			•			\$25.00	-	<u> </u>			•			- 00	
	Coodiei ieinzeile Bileet	SecureHorizons Direct Premier Plan 100				•			\$95.00	-								
	Sterling Option I	Sterling Option I				•			\$9.00	-								
	,	0 .																
	United Healthcare Insurance Company			•					\$27.13	\$27.13	•			•			97	•
CLINCH	Humana Insurance Company	HumanaChoicePPO PPO R5826-017			•				\$50.00	-								
		Humana Gold Choice PFFS H1804-014				•			\$63.00	\$30.89	•			•			97	•
		HumanaChoicePPO PPO R5826-031			•				\$86.00	\$21.32		•					97	•
		HumanaChoicePPO PPO R5826-004			•				\$97.00	\$32.47	•			•			97	•
	InStil Health Insurance Company	InStil InChoice Option I - Regional			•				\$12.00	-								
		InStil InChoice Option I - Regional			•				\$47.00	\$35.28	•			•			96	•
		InStil InChoice Option II - Regional			•				\$60.00	-								
	Diversity On the Diversity of the Divers	InStil InChoice Option II - Regional			•				\$102.00	\$41.87	•			•	•		96	•
CORR	Blue Cross Blue Shield Healthcare Plan	CasuraCara							620.07	\$20.97							88	_
COBB	of Georgia	SecureCare	•						\$20.97	\$20.97	ļ	ļ	•			-	00	•
		BlueValue Secure	١.						\$32.00	\$22.36							88	
	Humana Insurance Company	HumanaChoicePPO PPO H5214-001	Ť	•					\$28.00	\$10.01	•			•	•		97	•
	Transara modrance Company	HumanaChoicePPO PPO H5214-003		•					\$33.12	\$33.12	•			•	- ·		97	•
		Humana Gold Choice PFFS H1804-013		1		•			\$43.00	\$30.89	•			•			97	•
		HumanaChoicePPO PPO R5826-017			•	1			\$50.00	-								
		HumanaChoicePPO PPO R5826-031			•	1			\$86.00	\$21.32		•					97	•
		HumanaChoicePPO PPO R5826-004			•				\$97.00	\$32.47	•	1		•			97	•
	InStil Health Insurance Company	InStil InChoice Option I - Regional			•				\$12.00	-								
		InStil InChoice Option I - Regional			•				\$47.00	\$35.28	•			•			96	•
		InStil InChoice Option II - Regional			•				\$60.00	-								
		InStil InChoice Option II - Regional			•				\$102.00	\$41.87	•			•	•		96	•
		Kaiser Permanente Senior Advantage B																
	Kaiser Permanente Senior Advantage	Only	•			ļ			\$16.65	\$16.65	ļ	•		•			68	
		Kaiser Permanente Senior Advantage	•						\$35.00	\$0.00	•			•			68	
	Sterling Option I	Sterling Option I				•			\$9.00	-	<u> </u>	<u> </u>						
	United Healthcare Insurance Company	Evercare Plan IP							\$27.13	\$27.13	•			•			97	
		Evercare Plan DP							\$33.15	\$33.15							97	

* The beneficiary total premium for Medicare Advantage, Cost Plans and Demonstrations covers Medicare medical and hospital benefits, and prescription drug benefits and supplemental benefits, where offered. The beneficiary drug premium is the portion of the total premium that covers prescription drugs only; plan premiums vary for these benefits. Beneficiaries generally are also responsible for the Part B premium.

Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

		Description Description									Cost		<u> </u>			erage		Convenience
			М		ype of Advantage	Plan	-				D	rug Deduc	tible		Coverage	Additional Offered in verage Gap		
County	Organization Name	Plan Name	нмо	Local PPO	Regional PPO	Private Fee-for- Service		Demo Plan	Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Zero	Reduced	Standard (\$250)	Includes Tiered Copay- ments for Drugs	Generics Only	Generics and Brands	Number of Top 100 Drugs on Formulary	Mail Order Offered
COFFEE	Humana Insurance Company	HumanaChoicePPO PPO R5826-017			•	00.1.00			\$50.00	-			(4=55)	2. ago			. ormanary	0110100
		Humana Gold Choice PFFS H1804-014				•			\$63.00	\$30.89	•			•			97	•
		HumanaChoicePPO PPO R5826-031			•				\$86.00	\$21.32		•					97	•
		HumanaChoicePPO PPO R5826-004			•				\$97.00	\$32.47	•			•			97	•
	InStil Health Insurance Company	InStil InChoice Option I - Regional			•				\$12.00	-								
		InStil InChoice Option I - Regional			•				\$47.00	\$35.28	•			•			96	•
		InStil InChoice Option II - Regional			•				\$60.00	-								
		InStil InChoice Option II - Regional			٠				\$102.00	\$41.87	•			•	•		96	•
COLQUITT	Humana Insurance Company	HumanaChoicePPO PPO R5826-017			•				\$50.00									
		Humana Gold Choice PFFS H1804-014				•			\$63.00	\$30.89	•			•			97	•
		HumanaChoicePPO PPO R5826-031			•				\$86.00	\$21.32		•					97	•
		HumanaChoicePPO PPO R5826-004			•				\$97.00	\$32.47	•			•			97	•
	InStil Health Insurance Company	InStil InChoice Option I - Regional			•				\$12.00	-								
		InStil InChoice Option I - Regional			•				\$47.00	\$35.28	•			•			96	•
		InStil InChoice Option II - Regional			•				\$60.00	-								
		InStil InChoice Option II - Regional			•				\$102.00	\$41.87	•			•	•		96	•
	SecureHorizons Direct	SecureHorizons Direct Plan 4				•			\$25.00	-								
		SecureHorizons Direct Premier Plan 100				•			\$95.00	-								
	Blue Cross Blue Shield Healthcare Pla																	
COLUMBIA	of Georgia	SmartValue Classic				•			\$9.00	-								
		SmartValue Plus				•			\$11.00	\$6.00			•	•			88	•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-006				•			\$0.00	\$0.00	•			•			97	•
		HumanaChoicePPO PPO R5826-017			•				\$50.00	-								
		HumanaChoicePPO PPO R5826-031			•				\$86.00	\$21.32		•					97	•
		HumanaChoicePPO PPO R5826-004			•				\$97.00	\$32.47	•			•			97	•
	InStil Health Insurance Company	InStil InChoice Option I - Regional			•				\$12.00	-								
		InStil InChoice - Option I		•					\$22.00	-								
		InStil InCare				•			\$30.00	-								
		InStil InChoice Option I - Regional			•				\$47.00	\$35.28	•			•			96	•
		InStil InChoice - Option I		•					\$58.00	\$35.73	•			•			96	•
		InStil InChoice Option II - Regional			•				\$60.00	-								
		InStil InChoice - Option II		•					\$70.00	-								
		InStil InChoice Option II - Regional			•				\$102.00	\$41.87	•			•	•		96	•
		InStil InChoice - Option II		٠					\$113.00	\$43.38	•			•	•		96	•
	SecureHorizons Direct	SecureHorizons Direct Plan 1				•			\$0.00	-								
		SecureHorizons Direct Premier Plan 200				•			\$85.00	-								
	Sterling Option I	Sterling Option I				•			\$9.00	-								
	United Healthcare Of Georgia, Inc.	UnitedHealthcare Medicare Complete Rx	•						\$0.00	\$0.00	•			•			97	•
		UnitedHealthcare Medicare Complete	•						\$0.00	-								
		Evercare Plan DH-ES	•						\$18.61	\$18.61	•			•			97	•
COOK	Humana Insurance Company	HumanaChoicePPO PPO R5826-017			•				\$50.00	-								
		Humana Gold Choice PFFS H1804-014				•			\$63.00	\$30.89	•			•			97	•
		HumanaChoicePPO PPO R5826-031			•				\$86.00	\$21.32		•					97	•
		HumanaChoicePPO PPO R5826-004			•				\$97.00	\$32.47	•			•			97	•
	InStil Health Insurance Company	InStil InChoice Option I - Regional			•				\$12.00	-								
		InStil InChoice Option I - Regional			•				\$47.00	\$35.28	•			•			96	•
		InStil InChoice Option II - Regional			•				\$60.00	-								
		InStil InChoice Option II - Regional			•				\$102.00	\$41.87	•			•	•		96	•

* The beneficiary total premium for Medicare Advantage, Cost Plans and Demonstrations covers Medicare medical and hospital benefits, and prescription drug benefits and supplemental benefits, where offered. The beneficiary drug premium is the portion of the total premium that covers prescription drugs only; plan premiums vary for these benefits. Beneficiaries generally are also responsible for the Part B premium.

Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

		Description								Cost				Cov	erage		Convenience
			M		ype of Advantage	Plan				D	rug Deduc	tible		Coverage	Additional e Offered in verage Gap		
County	Organization Name	Plan Name	нмо	Local PPO	Regional PPO	Private Fee-for- Service	Demo Plan	Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Zero	Reduced	Standard (\$250)	Includes Tiered Copay- ments for Drugs	Generics Only	Generics and Brands	Number of Top 100 Drugs on Formulary	Mail Order Offered
COWETA	Blue Cross Blue Shield Healthcare Plar of Georgia	SecureCare	١.					\$20.97	\$20.97							88	_
COWETA	oi Georgia	Secureodie	-					\$20.97	\$20.91			•				00	•
		BlueValue Secure	١.					\$32.00	\$22.36							88	
	Humana Insurance Company	Humana Gold Choice PFFS H1804-013	l i		-			\$43.00	\$30.89	•	-		•		1	97	•
-		HumanaChoicePPO PPO R5826-017	†		•	i i		\$50.00	ψ30.09 -	t	†		i i	†	†		i i
-	+	HumanaChoicePPO PPO R5826-031	†		•			\$86.00	\$21.32	 	•			†	†	97	•
<u> </u>	 	HumanaChoicePPO PPO R5826-004	1		- : -			\$97.00	\$32.47	•	1		•	1	1	97	•
	InStil Health Insurance Company	InStil InCare	 	-	l	•		\$0.00	φ32.47	<u> </u>	 			 	 	31	
 	inour realitrinsurance company	InStil InChoice Option I - Regional	 	-		<u> </u>		\$12.00	-	-	 		1	 	 		
 	+	InStil InChoice Option I - Regional	 	-	-			\$47.00	\$35.28	· •	 			 	 	96	•
—	1	InStil InChoice Option II - Regional	 	1	<u> </u>			\$60.00	ψ33.20	 			<u> </u>	1	 	50	
		InStil InChoice Option II - Regional	 	-	- :-			\$102.00	\$41.87	•				•	 	96	
		Kaiser Permanente Senior Advantage B						\$102.00	φ41.07	-	1		-	-	1	90	•
	Kaiser Permanente Senior Advantage	Only						\$16.65	\$16.65							68	
	Raiser i ermanente Senior Advantage	Kaiser Permanente Senior Advantage	-					\$35.00	\$0.00	· •			- :	1	1	68	
	SecureHorizons Direct	SecureHorizons Direct Plan 1	₩.		-			\$0.00	-	+ <u> </u>	-			1	1	- 00	
	Secure Horizon's Direct	SecureHorizons Direct Premier Plan 200				•		\$85.00	-	1	1			1	1		
	Sterling Option I	Sterling Option I			-	<u> </u>		\$9.00	-	1	-			1	1		
CRAWFORD	Humana Insurance Company	Humana Gold Choice PFFS H1804-006			-	•		\$0.00	\$0.00	•	-		· .	1	1	97	
CKAWFORD	Humana insurance Company	HumanaChoicePPO PPO R5826-017	 			•		\$50.00	\$0.00	•	-		•	<u> </u>	 	97	•
		HumanaChoicePPO PPO R5826-031						\$86.00	\$21.32	ļ					<u> </u>	07	_
	_		1		•					1	<u> </u>			ļ	ļ	97	•
	La Orii I I a alifa la accessa de Casaca de Ca	HumanaChoicePPO PPO R5826-004			•			\$97.00	\$32.47	•	ļ		•			97	•
	InStil Health Insurance Company	InStil InChoice Option I - Regional			•			\$12.00	- *05.00	ļ					<u> </u>	00	
		InStil InChoice Option I - Regional	1	-	•			\$47.00 \$60.00	\$35.28	•	 		•	!	 	96	•
		InStil InChoice Option II - Regional	 		•				- 644.07			-		 		- 00	
	O Direct	InStil InChoice Option II - Regional	 		•			\$102.00	\$41.87	•		-	•	•		96	•
	SecureHorizons Direct	SecureHorizons Direct Plan 4	 			•		\$25.00	-			-		 			
	Dive Crees Dive Chiefel Health Di	SecureHorizons Direct Premier Plan 100	1		1	•		\$95.00	-	1	1		1	ļ	1		
CRISP	Blue Cross Blue Shield Healthcare Plar of Georgia	SmartValue Classic				•		\$29.00	-								
		SmartValue Plus				١.		\$34.00	\$21.76							88	
<u> </u>	Humana Insurance Company	Humana Gold Choice PFFS H1804-013	1		1	·		\$43.00	\$30.89	•	1	<u> </u>	<u> </u>	1	1	97	•
	Transaction Company	HumanaChoicePPO PPO R5826-017	1					\$50.00	φου.ου -					1	1	- 57	<u> </u>
	+	HumanaChoicePPO PPO R5826-031	†		- :-			\$86.00	\$21.32	 	•			†	†	97	•
—	1	HumanaChoicePPO PPO R5826-004	 	1	<u> </u>			\$97.00	\$32.47					1	 	97	•
 	InStil Health Insurance Company	InStil InChoice Option I - Regional	 	-	:			\$12.00	φ32.47	<u> </u>	 			 	 	31	
		InStil InChoice Option I - Regional	 	1	•			\$47.00	\$35.28	•				1	 	96	•
	1	InStil InChoice Option II - Regional	 	1	•			\$60.00	\$33.26	<u> </u>				1	 	30	•
-	+	InStil InChoice Option II - Regional	1	1	- :			\$102.00	\$41.87		1	-			1	96	•
	SecureHorizons Direct	SecureHorizons Direct Plan 3	-		<u> </u>			\$102.00	\$41.07 -		-	-	<u> </u>		-	90	•
<u> </u>	Securemonzons Direct		 		 	<u> </u>				 	 			 	 		
	1	SecureHorizons Direct Premier Plan 200	<u> </u>		<u> </u>	•		\$85.00		1	<u> </u>		L	1	1		l

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Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

		Description					,	<u> </u>	Cost	'	<u>, </u>			rage		Convenience
			M	ype of Advantage	Plan				Б	rug Deduct	ible		Coverage	Additional Offered in erage Gap		
County	Organization Name	Plan Name	нмо	Regional PPO	Private Fee-for- Service		Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Zero	Reduced	Standard (\$250)	Includes Tiered Copay- ments for Drugs	Generics Only	Generics and Brands	Number of Top 100 Drugs on Formulary	Mail Order Offered
	Blue Cross Blue Shield Healthcare Pla															
DADE	of Georgia	SmartValue Classic			•		\$29.00	-								
		SmartValue Plus			•		\$34.00	\$21.76							88	
	Humana Insurance Company	HumanaChoicePPO PPO R5826-017		•			\$50.00	-								
		Humana Gold Choice PFFS H1804-014			•		\$63.00	\$30.89	•			•			97	•
		HumanaChoicePPO PPO R5826-031		•			\$86.00	\$21.32		•					97	•
		HumanaChoicePPO PPO R5826-004		•			\$97.00	\$32.47	•			•			97	•
	InStil Health Insurance Company	InStil InChoice Option I - Regional		•			\$12.00									
		InStil InChoice Option I - Regional		•			\$47.00	\$35.28	•			•			96	•
		InStil InChoice Option II - Regional		•			\$60.00	-								
		InStil InChoice Option II - Regional		•			\$102.00	\$41.87	•			•	•		96	•
	SecureHorizons Direct	SecureHorizons Direct Plan 4			•		\$25.00	-								
		SecureHorizons Direct Premier Plan 100			•		\$95.00	-								
	Blue Cross Blue Shield Healthcare Pla	n														
DAWSON	of Georgia	SmartValue Classic			•		\$9.00	-								
		SmartValue Plus			•		\$11.00	\$6.00			•	•			88	•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-013			•		\$43.00	\$30.89	•			•			97	•
		HumanaChoicePPO PPO R5826-017		•			\$50.00	-								
		HumanaChoicePPO PPO R5826-031		•			\$86.00	\$21.32		•					97	•
		HumanaChoicePPO PPO R5826-004		•			\$97.00	\$32.47	•			•			97	•
	InStil Health Insurance Company	InStil InChoice Option I - Regional		•			\$12.00	-								
		InStil InChoice Option I - Regional		•			\$47.00	\$35.28	•			•			96	•
		InStil InChoice Option II - Regional		•			\$60.00	-								
		InStil InChoice Option II - Regional		•			\$102.00	\$41.87	•			•	•		96	•
	SecureHorizons Direct	SecureHorizons Direct Plan 2			•		\$0.00	-								
		SecureHorizons Direct Premier Plan 200			•		\$85.00	-								

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Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

		Description Description						<u>J</u>	, ,		Cost		<u> </u>			erage		Convenience
			М		ype of Advantage	Plan					D	rug Deduct	tible		Type of Coverage	Additional Offered in verage Gap		
County	Organization Name	Plan Name	нмо	Local PPO	Regional PPO	Private Fee-for- Service		Demo	Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Zero	Reduced	Standard (\$250)	Includes Tiered Copay- ments for Drugs	Generics Only	Generics and Brands	Number of Top 100 Drugs on Formulary	Mail Order Offered
DE KALB	Aetna Medicare	Aetna Golden Medicare Value Plan	HIVIO	FFU	FFU	Service	Fiaii	Fiaii	\$0.00	\$0.00	2610	rreduced	(ψ230)	• Drugs	Offiny	Dianus	85	onereu
DE TOTED	/ Ciria Wedicare	Aetna Golden Medicare Standard Plan	•	 			-		\$40.00	\$36.53	•		-	•	•		85	•
		Aetna Golden Medicare Premier Plan	•			1			\$75.00	\$42.07	•				•		85	•
		Aetna Golden Choice Standard Plar	t i	•		1			\$80.00	\$31.46			•	•			85	•
	Blue Cross Blue Shield Healthcare Plan	Actina Colacti Offolice Citariatira Filar		<u> </u>		1			ψ00.00	ψ01.40			-	-			- 00	•
	of Georgia	SecureCare	•						\$20.97	\$20.97			•				88	•
		BlueValue Secure							\$32.00	\$22.36	•			•			88	•
	Humana Insurance Company	HumanaChoicePPO PPO H5214-001	 	•		 	 		\$28.00	\$10.01	•			•	•		97	•
ļ		HumanaChoicePPO PPO H5214-003	<u> </u>	•		<u> </u>	_		\$33.12	\$33.12	•			•			97	•
ļ		Humana Gold Choice PFFS H1804-013	<u> </u>	<u> </u>		•	_		\$43.00	\$30.89	•			•			97	•
-		HumanaChoicePPO PPO R5826-017	1	1	•	1	-		\$50.00	-	1		l	-			07	
ļ		HumanaChoicePPO PPO R5826-031	<u> </u>	<u> </u>	•	<u> </u>	_		\$86.00	\$21.32		•					97	•
ļ	In Orli I I and the Innoversion Control	HumanaChoicePPO PPO R5826-004	<u> </u>	<u> </u>	•	<u> </u>	_		\$97.00	\$32.47	•			•			97	•
	InStil Health Insurance Company	InStil InChoice Option I - Regional			•				\$12.00	-								
		InStil InChoice Option I - Regional			•				\$47.00	\$35.28	•			•			96	•
		InStil InChoice Option II - Regional			•				\$60.00									
		InStil InChoice Option II - Regional			•				\$102.00	\$41.87	•			•	•		96	•
	Kaiser Permanente Senior Advantage	Kaiser Permanente Senior Advantage B Only							\$16.65	\$16.65		•		•			68	
		Kaiser Permanente Senior Advantage	•						\$35.00	\$0.00	•			•			68	
	Sterling Option I	Sterling Option I				•			\$9.00	-								
	United Healthcare Insurance Company	Evercare Plan IP							\$27.13	\$27.13	•						97	•
		Evercare Plan DP							\$33.15	\$33.15				•			97	•
	WellCare	WellCare Prescription Plus	•						\$0.00	\$0.00	•			•	•		85	•
		WellCare Advance	•						\$0.00	-								
		WellCare Choice	•						\$0.00	\$0.00	•			•			85	•
		WellCare Select	•						\$8.29	\$8.29	1		•	•			85	•
		WellCare Access	•						\$25.35	\$25.35	1		•				85	•
	Blue Cross Blue Shield Healthcare Plan										1							
DECATUR	of Georgia	SmartValue Classic				•			\$9.00	-								
		SmartValue Plus				•			\$11.00	\$6.00			•	•			88	•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-006				•			\$0.00	\$0.00	•			•			97	•
		HumanaChoicePPO PPO R5826-017			•				\$50.00	-	1							
		HumanaChoicePPO PPO R5826-031			•				\$86.00	\$21.32		•					97	•
		HumanaChoicePPO PPO R5826-004			•				\$97.00	\$32.47	•			•			97	•
	InStil Health Insurance Company	InStil InChoice Option I - Regional			•				\$12.00	-								
		InStil InChoice Option I - Regional			•				\$47.00	\$35.28	•			•			96	•
		InStil InChoice Option II - Regional			•				\$60.00	-								
		InStil InChoice Option II - Regional			•				\$102.00	\$41.87	•			•	•		96	•
	SecureHorizons Direct	SecureHorizons Direct Plan 2				•			\$0.00	-			ĺ					
		SecureHorizons Direct Premier Plan 200				•			\$85.00	-			ĺ					
DODGE	Humana Insurance Company	HumanaChoicePPO PPO R5826-017			•				\$50.00	-	1		i					
	,	Humana Gold Choice PFFS H1804-014				•			\$63.00	\$30.89	•		i	•			97	•
		HumanaChoicePPO PPO R5826-031			•				\$86.00	\$21.32	1	•	i				97	•
		HumanaChoicePPO PPO R5826-004			•	1			\$97.00	\$32.47	•			•			97	•
	InStil Health Insurance Company	InStil InChoice Option I - Regional			•				\$12.00	-	1		i					
	1	InStil InChoice Option I - Regional			•	1			\$47.00	\$35.28	•			•			96	•
		InStil InChoice Option II - Regional	†		•				\$60.00	-	t e							

* The beneficiary total premium for Medicare Advantage, Cost Plans and Demonstrations covers Medicare medical and hospital benefits, and prescription drug benefits and supplemental benefits, where offered. The beneficiary drug premium is the portion of the total premium that covers prescription drugs only; plan premiums vary for these benefits. Beneficiaries generally are also responsible for the Part B premium.

Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

		Description Description									Cost		<u> </u>			erage		Convenience
			M		ype of Advantage	Plan					D	rug Deduc	tible		Coverage	Additional Offered in verage Gap		
O a service	Occasional to Manage	Block Name			Regional			Demo			7000	Dadward	Standard	Includes Tiered Copay- ments for	Generics	Generics and	Number of Top 100 Drugs on	Mail Order
County	Organization Name Blue Cross Blue Shield Healthcare Plar	Plan Name	НМО	PPO	PPO	Service	Plan	Plan	Premium)	Premium*	Zero	Reduced	(\$250)	Drugs	Only	Brands	Formulary	Offered
DOOLY	of Georgia	SmartValue Classic							\$29.00	_								
DOGET	Gi Ocorgia																	
		SmartValue Plus				•			\$34.00	\$21.76			•	•			88	•
	Humana Insurance Company	HumanaChoicePPO PPO R5826-017			•				\$50.00	-								
		Humana Gold Choice PFFS H1804-014				•			\$63.00	\$30.89	•			•			97	•
		HumanaChoicePPO PPO R5826-031			•				\$86.00	\$21.32		•					97	•
		HumanaChoicePPO PPO R5826-004	ļ	ļ	•	 	 		\$97.00	\$32.47	•	 		•			97	•
	InStil Health Insurance Company	InStil InChoice Option I - Regional	ļ	ļ	•	 	 		\$12.00		 	 						
		InStil InChoice Option I - Regional	ļ	ļ	•	 	 		\$47.00	\$35.28	•	 		•			96	•
		InStil InChoice Option II - Regional	ļ	ļ	•	 	 		\$60.00	-	 	 						
		InStil InChoice Option II - Regional	ļ	ļ	•	 	 		\$102.00	\$41.87	•	 		•	•		96	•
	SecureHorizons Direct	SecureHorizons Direct Plan 3	<u> </u>			•			\$0.00	-								
		SecureHorizons Direct Premier Plan 200				•	<u> </u>		\$85.00	-								
DOUGHERTY	Humana Insurance Company	Humana Gold Choice PFFS H1804-013				•			\$43.00	\$30.89	•			•			97	•
		HumanaChoicePPO PPO R5826-017			•				\$50.00	-								
		HumanaChoicePPO PPO R5826-031			•				\$86.00	\$21.32		•					97	•
		HumanaChoicePPO PPO R5826-004			•				\$97.00	\$32.47	•			•			97	•
	InStil Health Insurance Company	InStil InChoice Option I - Regional			•				\$12.00	-								
		InStil InChoice Option I - Regional			•				\$47.00	\$35.28	•			•			96	•
		InStil InChoice Option II - Regional			•				\$60.00	-								
		InStil InChoice Option II - Regional			•				\$102.00	\$41.87	•			•	•		96	•
DOUGLAS	Humana Insurance Company	Humana Gold Choice PFFS H1804-013				•			\$43.00	\$30.89	•			•			97	•
		HumanaChoicePPO PPO R5826-017			•				\$50.00	-								
		HumanaChoicePPO PPO R5826-031			•				\$86.00	\$21.32		•					97	•
		HumanaChoicePPO PPO R5826-004			•				\$97.00	\$32.47	•			•			97	•
	InStil Health Insurance Company	InStil InChoice Option I - Regional			•				\$12.00	-								
		InStil InChoice Option I - Regional			•				\$47.00	\$35.28	•			•			96	•
		InStil InChoice Option II - Regional			•				\$60.00	-								
		InStil InChoice Option II - Regional			•				\$102.00	\$41.87	•			•	•		96	•
		Kaiser Permanente Senior Advantage B																
	Kaiser Permanente Senior Advantage	Only	•		1		1		\$16.65	\$16.65		•		•			68	
		Kaiser Permanente Senior Advantage	•						\$35.00	\$0.00	•			•			68	
	SecureHorizons Direct	SecureHorizons Direct Plan 3	1			•			\$0.00	-	1	1						
		SecureHorizons Direct Premier Plan 200				•			\$85.00	-								
	Sterling Option I	Sterling Option I	1			•			\$9.00	-	1	1						
	Blue Cross Blue Shield Healthcare Plan	· ·	1			1				İ	1	1						
EARLY	of Georgia	SmartValue Classic				•			\$9.00	-								
		SmartValue Plus							\$11.00	\$6.00							88	
—	Humana Insurance Company	Humana Gold Choice PFFS H1804-006		-	 	·	-		\$0.00	\$0.00	•	†	⊢ •	·			97	·
<u> </u>	Transaria insurance Company	HumanaChoicePPO PPO R5826-017	1	1	•		 		\$50.00	Ψ0.00		 	-	.			31	•
—	+	HumanaChoicePPO PPO R5826-031		-			1	1	\$86.00	\$21.32							97	
-	+	HumanaChoicePPO PPO R5826-004	1	1	•	1	1	1	\$97.00	\$32.47		•	-	•			97	- :
-	InStil Health Insurance Company	InStil InChoice Option I - Regional	1	1	•	1	1	1	\$12.00	\$32.47 -	•	1	-	•			31	-
<u> </u>	mour realitrinsurance Company	InStil InChoice Option I - Regional	 	-	•	-	1		\$12.00 \$47.00	\$35.28		-	-	•			96	
<u> </u>		InStil InChoice Option II - Regional	1	 	<u> </u>	-	 		\$60.00	φου.20	<u> </u>	 		•			90	•
<u> </u>			1	 		-	 			£44.07	 	 					00	
<u> </u>	SecureHorizons Direct	InStil InChoice Option II - Regional SecureHorizons Direct Plan 1	1	 	•	•	 		\$102.00 \$0.00	\$41.87 -	•	 		•	•		96	•
	Securemonzons Direct	SecureHorizons Direct Plan 1 SecureHorizons Direct Premier Plan 200	1	 	<u> </u>	<u> </u>	 		\$85.00	- -	 	 						
		Securemonizons Direct Premier Plan 200	1	<u> </u>	l	· •	1		¥85.UU		<u> </u>	<u> </u>			l			

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Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

		Description									Cost				Cove	erage		Convenience
			Me		ype of Advantage	Plan					D	rug Deduc	tible		Coverage	Additional Offered in erage Gap		
County	Organization Name	Plan Name	нмо	Local PPO	Regional PPO	Private Fee-for- Service		Demo Plan	Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Zero	Reduced	Standard (\$250)	Includes Tiered Copay- ments for Drugs	Generics Only	Generics and Brands	Number of Top 100 Drugs on Formulary	Mail Order Offered
	Blue Cross Blue Shield Healthcare Plan	1															,	
ECHOLS	of Georgia	SmartValue Classic				•			\$9.00	-								
		SmartValue Plus				•			\$11.00	\$6.00			•	•			88	•
	Humana Insurance Company	HumanaChoicePPO PPO R5826-017			•				\$50.00	-								
		Humana Gold Choice PFFS H1804-014				•			\$63.00	\$30.89	•			•			97	•
-		HumanaChoicePPO PPO R5826-031	1		•	1	-		\$86.00	\$21.32	1	•		1	 		97	•
-	In Ctil I I agith I agus agus Com	HumanaChoicePPO PPO R5826-004	1		•	1	-		\$97.00	\$32.47	•	1		•	 		97	•
<u> </u>	InStil Health Insurance Company	InStil InChoice Option I - Regional InStil InChoice Option I - Regional	-		•	 			\$12.00 \$47.00	- \$35.28			1				96	
		InStil InChoice Option II - Regional			•				\$60.00	\$35.26	•	-		•			90	•
		InStil InChoice Option II - Regional			•				\$102.00	\$41.87	•				•	ļ	96	•
	SecureHorizons Direct	SecureHorizons Direct Plan 3			•	-			\$102.00	\$41.07 -	•	-		•	<u> </u>		90	•
	Secure Horizons Direct	SecureHorizons Direct Plan 3				:			\$85.00	-		-						
	Blue Cross Blue Shield Healthcare Plan	Secure Horizon's Direct Fremier Flam 200				•			\$65.00	-	1	1						
EFFINGHAM	of Georgia	SmartValue Classic				•			\$29.00	-								
		SmartValue Plus				•			\$34.00	\$21.76			•	•			88	•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-013				•			\$43.00	\$30.89	•			•			97	•
		HumanaChoicePPO PPO R5826-017			•				\$50.00	-								
		HumanaChoicePPO PPO R5826-031			•				\$86.00	\$21.32		•					97	•
	1 0 7 1 1	HumanaChoicePPO PPO R5826-004			•				\$97.00	\$32.47	•			•			97	•
	InStil Health Insurance Company	InStil InChoice Option I - Regional			•				\$12.00	-								
		InStil InChoice - Option I		•					\$40.00	-		ļ						
		InStil InChoice Option I - Regional			•				\$47.00	\$35.28	•	ļ		•			96	•
		InStil InChoice Option II - Regional			•				\$60.00	-								
		InStil InChoice - Option I InStil InChoice - Option II		•					\$76.00	\$35.69	•	ļ		•			96	•
				•					\$87.00 \$102.00	- \$41.87	•				_	ļ	96	_
		InStil InChoice Option II - Regional InStil InChoice - Option II			•				\$102.00	\$43.31				•	•	ļ	96	•
	SecureHorizons Direct	SecureHorizons Direct Plan 4		•					\$25.00	\$43.31 -	•	-		•	<u> </u>		90	•
	Secure Horizons Direct	SecureHorizons Direct Plan 4 SecureHorizons Direct Premier Plan 100				-			\$95.00	-		-						
	Sterling Option I	Sterling Option I	 			•			\$9.00	-	1							
	Blue Cross Blue Shield Healthcare Plan		 			<u> </u>			ψ3.00	_	1							
ELBERT	of Georgia	SmartValue Classic				•			\$29.00	-								
1		SmartValue Plus							\$34.00	\$21.76							88	•
	Humana Insurance Company	HumanaChoicePPO PPO R5826-017	 		•	⊢•	 		\$50.00	Ψ21.70	 	 			 		00	•
		Humana Gold Choice PFFS H1804-014	 				 		\$63.00	\$30.89	•	 			 		97	•
<u> </u>		HumanaChoicePPO PPO R5826-031	1		•	1 -			\$86.00	\$21.32	l -			<u> </u>	1		97	•
<u> </u>		HumanaChoicePPO PPO R5826-004	1		·	1			\$97.00	\$32.47	•	1		•	1		97	•
<u> </u>	InStil Health Insurance Company	InStil InChoice Option I - Regional	1		•	1			\$12.00	φυ Σ .+1		1			1		<u> </u>	-
<u> </u>		InStil InCare	1		l -	•			\$30.00	-	1	1			1			
<u> </u>		InStil InChoice Option I - Regional	1		•	1 -			\$47.00	\$35.28	•	1		•	1		96	•
<u> </u>		InStil InChoice Option II - Regional	1		•	1			\$60.00	ψυυ.20	l -	1		<u> </u>	1		- 55	
1		InStil InChoice Option II - Regional	1	1	•	1	1		\$102.00	\$41.87	•	1			•		96	•
<u> </u>	SecureHorizons Direct	SecureHorizons Direct Plan 2	1		-	•			\$0.00	φ+1.07 -		1			<u> </u>			-
—	TTTT STRONG BITOU	SecureHorizons Direct Premier Plan 200	 		l	•	 		\$85.00	_	t	1		1	 	l		

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Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

		Description								Cost				Cov	erage		Convenience
			Me		ype of Advantage	Plan				D	rug Deduc	tible		Coverage	Additional e Offered in verage Gap		
County	Organization Name	Plan Name	нмо	Local PPO	Regional PPO	Private Fee-for- Service	Demo Plan	Premium)	Beneficiary Drug Premium*	Zero	Reduced	Standard (\$250)	Includes Tiered Copay- ments for Drugs	Generics Only	Generics and Brands	Number of Top 100 Drugs on Formulary	Mail Order Offered
EMANUEL	Humana Insurance Company	Humana Gold Choice PFFS H1804-013				•		\$43.00	\$30.89	•			•			97	•
		HumanaChoicePPO PPO R5826-017			•			\$50.00	-								
		HumanaChoicePPO PPO R5826-031			•			\$86.00	\$21.32		•					97	•
		HumanaChoicePPO PPO R5826-004			•			\$97.00	\$32.47	•			•		Ĭ .	97	•
	InStil Health Insurance Company	InStil InChoice Option I - Regional			•			\$12.00	-								
		InStil InChoice - Option I		•				\$22.00	-								
		InStil InChoice Option I - Regional			•			\$47.00	\$35.28	•			•		Ĭ .	96	•
		InStil InChoice - Option I		•				\$58.00	\$35.73	•			•			96	•
		InStil InChoice Option II - Regional			•			\$60.00	-						Ĭ .		
		InStil InChoice - Option II		•				\$70.00	-						Ĭ .		
		InStil InChoice Option II - Regional			•		\Box	\$102.00	\$41.87	•			•	•		96	•
		InStil InChoice - Option II		•				\$113.00	\$43.38	•			•	•	1	96	•
	SecureHorizons Direct	SecureHorizons Direct Plan 5				•		\$45.00	-						1		
		SecureHorizons Direct Premier Plan 100				•		\$95.00	-								
EVANS	Blue Cross Blue Shield Healthcare Pla of Georgia	smartValue Classic						\$29.00	-								
		SmartValue Plus				•		\$34.00	\$21.76							88	•
	Humana Insurance Company	HumanaChoicePPO PPO R5826-017			•			\$50.00	-								
		Humana Gold Choice PFFS H1804-014				•	ш	\$63.00	\$30.89	•			•			97	•
		HumanaChoicePPO PPO R5826-031			•		ш	\$86.00	\$21.32		•					97	•
		HumanaChoicePPO PPO R5826-004			•		ш	\$97.00	\$32.47	•			•			97	•
	InStil Health Insurance Company	InStil InChoice Option I - Regional			•			\$12.00	-								
		InStil InChoice Option I - Regional			•		ш	\$47.00	\$35.28	•			•			96	•
		InStil InChoice Option II - Regional			•			\$60.00	-								
		InStil InChoice Option II - Regional			•			\$102.00	\$41.87	•			•	•		96	•
	SecureHorizons Direct	SecureHorizons Direct Plan 2				•		\$0.00	-								
		SecureHorizons Direct Premier Plan 200				•		\$85.00	-								
	Sterling Option I	Sterling Option I				•		\$9.00	-								
	Blue Cross Blue Shield Healthcare Pla						i										
FANNIN	of Georgia	SmartValue Classic				•		\$9.00	-								
		SmartValue Plus				•		\$11.00	\$6.00			•	•			88	•
	Humana Insurance Company	HumanaChoicePPO PPO R5826-017			•			\$50.00	-								
		Humana Gold Choice PFFS H1804-014				•		\$63.00	\$30.89	•			•			97	•
		HumanaChoicePPO PPO R5826-031			•			\$86.00	\$21.32		•					97	•
		HumanaChoicePPO PPO R5826-004			•			\$97.00	\$32.47	•			•			97	•
	InStil Health Insurance Company	InStil InChoice Option I - Regional			•			\$12.00	-								
		InStil InChoice Option I - Regional			•			\$47.00	\$35.28	•			•			96	•
		InStil InChoice Option II - Regional			•			\$60.00	-								
		InStil InChoice Option II - Regional			•			\$102.00	\$41.87	•			•	•		96	•
	SecureHorizons Direct	SecureHorizons Direct Plan 4				•		\$25.00	-								
		SecureHorizons Direct Premier Plan 100				•		\$95.00	-								

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Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

	contracts/plans approved as	Description							-	<u> </u>	Cost	•	•			erage		Convenience
			Me		ype of Advantage	Plan					D	rug Deduc	tible		Coverage	Additional Offered in verage Gap		
County	Organization Name	Plan Name	нмо	Local PPO	Regional PPO	Private Fee-for- Service		Demo Plan	Premium)	Premium*	Zero	Reduced	Standard (\$250)	Includes Tiered Copay- ments for Drugs	Generics Only	Generics and Brands	Number of Top 100 Drugs on Formulary	Mail Order Offered
FAYETTE	Humana Insurance Company	Humana Gold Choice PFFS H1804-013				•			\$43.00	\$30.89	•			•			97	•
		HumanaChoicePPO PPO R5826-017			•				\$50.00	-								
		HumanaChoicePPO PPO R5826-031			•				\$86.00	\$21.32		•					97	•
		HumanaChoicePPO PPO R5826-004			•				\$97.00	\$32.47	•			•			97	•
	InStil Health Insurance Company	InStil InChoice Option I - Regional			•				\$12.00	-								
		InStil InChoice Option I - Regional			•				\$47.00	\$35.28	•			•			96	•
		InStil InChoice Option II - Regional			•			<u> </u>	\$60.00	-								
		InStil InChoice Option II - Regional			•				\$102.00	\$41.87	•			•	•		96	•
	Kaiser Permanente Senior Advantage	Kaiser Permanente Senior Advantage B Only						ŀ	\$16.65	\$16.65		•		•			68	
		Kaiser Permanente Senior Advantage	•						\$35.00	\$0.00	•			•			68	
	SecureHorizons Direct	SecureHorizons Direct Plan 2				•			\$0.00	-								
		SecureHorizons Direct Premier Plan 200				•			\$85.00	-								
	Sterling Option I	Sterling Option I				•			\$9.00	-								
	United Healthcare Insurance Company								\$27.13	\$27.13							97	•
FLOYD	Humana Insurance Company	HumanaChoicePPO PPO R5826-017			•				\$50.00	-								
		Humana Gold Choice PFFS H1804-014				•			\$63.00	\$30.89	•			•			97	•
		HumanaChoicePPO PPO R5826-031			•				\$86.00	\$21.32		•					97	•
		HumanaChoicePPO PPO R5826-004			٠				\$97.00	\$32.47	•			•			97	•
	InStil Health Insurance Company	InStil InChoice Option I - Regional			•				\$12.00	-								
		InStil InChoice Option I - Regional			•				\$47.00	\$35.28	•			•			96	•
		InStil InChoice Option II - Regional			•				\$60.00	-								
		InStil InChoice Option II - Regional			•				\$102.00	\$41.87	•			•	•		96	•
	United Healthcare Insurance Company	Evercare Plan IP		•				ľ	\$27.13	\$27.13	•			•			97	•
	Blue Cross Blue Shield Healthcare Plan	1						,										
FORSYTH	of Georgia	SecureCare	•					\vdash	\$20.97	\$20.97			•				88	•
		BlueValue Secure	•						\$32.00	\$22.36	•			•			88	•
	Humana Insurance Company	HumanaChoicePPO PPO H5214-001		•					\$28.00	\$10.01	•			•	•		97	•
		HumanaChoicePPO PPO H5214-003		٠					\$33.12	\$33.12	•			•			97	•
		Humana Gold Choice PFFS H1804-013				•			\$43.00	\$30.89	•			•			97	•
		HumanaChoicePPO PPO R5826-017			•				\$50.00	-								
		HumanaChoicePPO PPO R5826-031			•				\$86.00	\$21.32		•					97	•
		HumanaChoicePPO PPO R5826-004			•				\$97.00	\$32.47	•			•			97	•
	InStil Health Insurance Company	InStil InChoice Option I - Regional			•				\$12.00	-								
		InStil InChoice Option I - Regional			•			ļ!	\$47.00	\$35.28	•	<u> </u>		•			96	•
		InStil InChoice Option II - Regional			•				\$60.00	-								
		InStil InChoice Option II - Regional			•			└	\$102.00	\$41.87	•	ļ		•	•		96	•
		Kaiser Permanente Senior Advantage B		l			1	1 '	_									
	Kaiser Permanente Senior Advantage	Only	•					└─ ─	\$16.65	\$16.65		•		•			68	
		Kaiser Permanente Senior Advantage	•				ļ	لـــــــا	\$35.00	\$0.00	•	ļ		•			68	
	Sterling Option I	Sterling Option I				•			\$9.00	-					1			

* The beneficiary total premium for Medicare Advantage, Cost Plans and Demonstrations covers Medicare medical and hospital benefits, and prescription drug benefits and supplemental benefits, where offered. The beneficiary drug premium is the portion of the total premium that covers prescription drugs only; plan premiums vary for these benefits. Beneficiaries generally are also responsible for the Part B premium.

Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

	contracts/plans approved as	Description						9-			Cost		-,			erage		Convenience
			Me		ype of Advantage	Plan					D	rug Deduc	tible		Coverage	Additional Offered in verage Gap		
County	Organization Name	Plan Name	нмо	Local PPO	Regional PPO	Private Fee-for- Service		Demo Plan		Beneficiary Drug Premium*	Zero	Reduced	Standard (\$250)	Includes Tiered Copay- ments for Drugs	Generics Only	Generics and Brands	Number of Top 100 Drugs on Formulary	Mail Order Offered
FRANKLIN	Blue Cross Blue Shield Healthcare Plar of Georgia	SmartValue Classic							\$29.00	_								
TOWKEN	or occurgia	Omartvalde olassie							Ψ23.00									
		SmartValue Plus				•			\$34.00	\$21.76			•	•			88	•
	Humana Insurance Company	HumanaChoicePPO PPO R5826-017 Humana Gold Choice PFFS H1804-014			•				\$50.00 \$63.00	\$30.89							97	
-		HumanaChoicePPO PPO R5826-031			•	•			\$86.00	\$21.32	•			•			97	
		HumanaChoicePPO PPO R5826-004			•				\$97.00	\$32.47	•			•			97	•
	InStil Health Insurance Company	InStil InChoice Option I - Regional			•				\$12.00	-								
		InStil InCare				•			\$30.00	-								
		InStil InChoice Option I - Regional InStil InChoice Option II - Regional	-		•		1		\$47.00 \$60.00	\$35.28	•	1		•	1		96	•
		InStil InChoice Option II - Regional			•				\$102.00	\$41.87	•			•			96	•
	SecureHorizons Direct	SecureHorizons Direct Plan 4				•			\$25.00	-				-				
		SecureHorizons Direct Premier Plan 200				•			\$85.00	-								
FULTON	Blue Cross Blue Shield Healthcare Plar of Georgia	SecureCare	•						\$20.97	\$20.97			•				88	
		BlueValue Secure	١.						\$32.00	\$22.36							88	
	Humana Insurance Company	HumanaChoicePPO PPO H5214-001		•					\$28.00	\$10.01	•			•			97	•
		HumanaChoicePPO PPO H5214-003		•					\$33.12	\$33.12	•			•			97	•
		Humana Gold Choice PFFS H1804-013				•			\$43.00	\$30.89	•			•			97	•
		HumanaChoicePPO PPO R5826-017 HumanaChoicePPO PPO R5826-031			•				\$50.00 \$86.00	- \$21.32							97	
		HumanaChoicePPO PPO R5826-004			•				\$97.00	\$32.47	•	•		•			97	-
	InStil Health Insurance Company	InStil InChoice Option I - Regional			•				\$12.00	φοΣ							- 51	
		InStil InChoice Option I - Regional			•				\$47.00	\$35.28	•			•			96	•
		InStil InChoice Option II - Regional			•				\$60.00	-								
		InStil InChoice Option II - Regional Kaiser Permanente Senior Advantage B			•				\$102.00	\$41.87	•			•	•		96	•
	Kaiser Permanente Senior Advantage	Only	•						\$16.65	\$16.65		•		•			68	
		Kaiser Permanente Senior Advantage	•						\$35.00	\$0.00	•			•			68	
	SecureHorizons Direct	SecureHorizons Direct Plan 4 SecureHorizons Direct Premier Plan 100				•			\$25.00 \$95.00	-								
	Sterling Option I	Sterling Option I				÷			\$9.00	-								
	January Character	January Character Control of the Con							ψ0.00									
	United Healthcare Insurance Company	Evercare Plan IP		•					\$27.13	\$27.13	•			•			97	•
		Evercare Plan DP							\$33.15	\$33.15	•						97	
	WellCare	WellCare Prescription Plus	•						\$0.00	\$0.00	•			•	•		85	•
		WellCare Advance	•						\$0.00	-								
		WellCare Choice	•						\$0.00	\$0.00	•			•			85	•
		WellCare Select WellCare Access	•						\$8.29 \$25.35	\$8.29 \$25.35			•	•			85 85	•
GILMER	Blue Cross Blue Shield Healthcare Plar of Georgia	SmartValue Classic							\$29.00	Ψ20.33							05	Ţ
		SmartValue Plus							\$34.00	\$21.76				•			88	
	Humana Insurance Company	HumanaChoicePPO PPO R5826-017			•				\$50.00	-								
		Humana Gold Choice PFFS H1804-014				•			\$63.00	\$30.89	•			•			97	•
		HumanaChoicePPO PPO R5826-031			•				\$86.00	\$21.32		•			ļ		97	•
-	InStil Health Insurance Company	HumanaChoicePPO PPO R5826-004 InStil InChoice Option I - Regional	<u> </u>		•		1	-	\$97.00 \$12.00	\$32.47	•	-		•	 	-	97	•
	indui rieaiur induiance Company	InStil InChoice Option I - Regional		1	•				\$12.00 \$47.00	\$35.28	•			•	1		96	•
		InStil InChoice Option II - Regional			•				\$60.00	-								
		InStil InChoice Option II - Regional			•				\$102.00	\$41.87	•			•	•		96	•

* The beneficiary total premium for Medicare Advantage, Cost Plans and Demonstrations covers Medicare medical and hospital benefits, and prescription drug benefits and supplemental benefits, where offered. The beneficiary drug premium is the portion of the total premium that covers prescription drugs only; plan premiums vary for these benefits. Beneficiaries generally are also responsible for the Part B premium.

Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

	, ,,	Description						Ü	,		Cost	'	<u> </u>			erage		Convenience
			М		ype of Advantage	Plan					D	rug Deduc	tible		Coverage	Additional Offered in verage Gap		
County	Occasionation Name	Disa Manua	нмо	Local PPO	Regional PPO	Private Fee-for- Service			Beneficiary Total Premium* (Including Drug Premium)		Zoro	Reduced	Standard (\$250)	Includes Tiered Copayments for	- Generics Only	Generics and Brands	Number of Top 100 Drugs on	Mail Order
County GLASCOCK	Organization Name Humana Insurance Company	Plan Name HumanaChoicePPO PPO R5826-017	ПИО	PPU	•	Service	Pian	Pian	\$50.00	Premium*	Zero	Reduced	(\$250)	Drugs	Offig	Dianus	Formulary	Offered
GLAGCOCK	Humana insurance Company	Humana Gold Choice PFFS H1804-014			_ •				\$63.00	\$30.89	•	-			<u> </u>	-	97	
		HumanaChoicePPO PPO R5826-031		 					\$86.00	\$21.32	<u> </u>			<u> </u>	<u> </u>		97	•
		HumanaChoicePPO PPO R5826-004			•				\$97.00	\$32.47	•	•					97	- : -
	InStil Health Insurance Company	InStil InChoice Option I - Regional			-				\$12.00	φ32.47							31	
	incui ricalar insurance company	InStil InChoice - Option I		•	· ·				\$22.00	-		1			<u> </u>			
		InStil InChoice Option I - Regional		 	•				\$47.00	\$35.28	•	1		•	<u> </u>		96	•
		InStil InChoice - Option I		-					\$58.00	\$35.73	•				1		96	•
	+	InStil InChoice Option II - Regional	1	t -	•				\$60.00	ψ33.73 -	l -	1	 	<u> </u>	1	1	30	
	+	InStil InChoice - Option II	1	•	<u> </u>				\$70.00	<u> </u>	1	1	 		1	1		
		InStil InChoice Option II - Regional		<u> </u>	•				\$102.00	\$41.87	•				•		96	•
		InStil InChoice - Option II		•					\$113.00	\$43.38	•				•		96	•
	SecureHorizons Direct	SecureHorizons Direct Plan 4				•			\$25.00	-							- 00	
		SecureHorizons Direct Premier Plan 100		1		•			\$95.00	-								
	Sterling Option I	Sterling Option I		1		•			\$9.00	-								
GLYNN	Humana Insurance Company	HumanaChoicePPO PPO R5826-017		1	•				\$50.00	-								
		Humana Gold Choice PFFS H1804-014		1		•			\$63.00	\$30.89	•						97	•
		HumanaChoicePPO PPO R5826-031			•				\$86.00	\$21.32							97	•
		HumanaChoicePPO PPO R5826-004			•				\$97.00	\$32.47	•			•			97	•
	InStil Health Insurance Company	InStil InChoice Option I - Regional			•				\$12.00	-								
	, ,	InStil InChoice Option I - Regional			•				\$47.00	\$35.28	•			•			96	•
		InStil InChoice Option II - Regional			•				\$60.00	-								
		InStil InChoice Option II - Regional			•				\$102.00	\$41.87	•			•	•		96	•
GORDON	Humana Insurance Company	HumanaChoicePPO PPO R5826-017			•				\$50.00	-								
	, , , , , , , , , , , , , , , , , , , ,	Humana Gold Choice PFFS H1804-014				•			\$63.00	\$30.89	•			•			97	•
		HumanaChoicePPO PPO R5826-031			•				\$86.00	\$21.32		•					97	•
		HumanaChoicePPO PPO R5826-004			•				\$97.00	\$32.47	•			•			97	•
	InStil Health Insurance Company	InStil InChoice Option I - Regional			•				\$12.00	-								
		InStil InChoice Option I - Regional			•				\$47.00	\$35.28	•			•			96	•
		InStil InChoice Option II - Regional			•				\$60.00	-								
		InStil InChoice Option II - Regional			•				\$102.00	\$41.87	•			•	•		96	•
00401	Blue Cross Blue Shield Healthcare Plan																	
GRADY	of Georgia	SmartValue Classic				•			\$9.00	-					-			
		SmartValue Plus				•			\$11.00	\$6.00				•			88	•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-006				•			\$0.00	\$0.00	•			•			97	•
		HumanaChoicePPO PPO R5826-017			•				\$50.00	-							İ	
		HumanaChoicePPO PPO R5826-031			•				\$86.00	\$21.32		•					97	•
		HumanaChoicePPO PPO R5826-004			•				\$97.00	\$32.47	•			•			97	•
	InStil Health Insurance Company	InStil InChoice Option I - Regional			•				\$12.00	-								
		InStil InChoice Option I - Regional			•				\$47.00	\$35.28	•			•			96	•
		InStil InChoice Option II - Regional			•				\$60.00	-								
		InStil InChoice Option II - Regional			•				\$102.00	\$41.87	•			•	•		96	•
	SecureHorizons Direct	SecureHorizons Direct Plan 2				•			\$0.00	-								
		SecureHorizons Direct Premier Plan 200				•			\$85.00	-					1	1		

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Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

		Description									Cost				Cov	erage		Convenience
			М		ype of Advantage	Plan					D	rug Deduc	tible		Coverage	Additional Offered in verage Gap		
County	Organization Name	Plan Name	нмо	Local PPO	Regional PPO	Private Fee-for- Service			Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Zero	Reduced	Standard (\$250)	Includes Tiered Copay- ments for Drugs	Generics Only	Generics and Brands	Number of Top 100 Drugs on Formulary	Mail Order Offered
	Blue Cross Blue Shield Healthcare Plan												(, ,	g-	- ,			
GREENE	of Georgia	SmartValue Classic							\$9.00	-								1
		SmartValue Plus				•			\$11.00	\$6.00			•	•			88	•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-006				•			\$0.00	\$0.00	•			•			97	•
		HumanaChoicePPO PPO R5826-017			•				\$50.00	-								
		HumanaChoicePPO PPO R5826-031	1		•				\$86.00	\$21.32		•			1	1	97	•
		HumanaChoicePPO PPO R5826-004			•				\$97.00	\$32.47	•			•			97	•
	InStil Health Insurance Company	InStil InChoice Option I - Regional			•				\$12.00	-								
	1	InStil InChoice - Option I	1	•		1			\$22.00	-					1	1		ſ
		InStil InCare				•			\$30.00	-								
		InStil InChoice Option I - Regional			•				\$47.00	\$35.28	•			•			96	•
		InStil InChoice - Option I		•					\$58.00	\$35.73	•			•			96	•
		InStil InChoice Option II - Regional			•				\$60.00	-								
		InStil InChoice - Option II		•					\$70.00	-								
		InStil InChoice Option II - Regional			•				\$102.00	\$41.87	•			•	•		96	•
		InStil InChoice - Option II		•					\$113.00	\$43.38	•			•	•		96	•
	SecureHorizons Direct	SecureHorizons Direct Plan 4				•			\$25.00	-								
		SecureHorizons Direct Premier Plan 200				•			\$85.00	-								
	Blue Cross Blue Shield Healthcare Plan								***************************************									
GWINNETT	of Georgia	SecureCare	•						\$20.97	\$20.97			•				88	•
		BlueValue Secure							\$32.00	\$22.36							88	l .
	Humana Insurance Company	HumanaChoicePPO PPO H5214-001	i i	•					\$28.00	\$10.01	•			•	•		97	•
	Trumana mourance company	HumanaChoicePPO PPO H5214-003		•		1	1		\$33.12	\$33.12	•	1		•	1		97	•
		Humana Gold Choice PFFS H1804-013				•	1		\$43.00	\$30.89	•	1		•	1		97	•
		HumanaChoicePPO PPO R5826-017			•				\$50.00	-	1						- 0,	
		HumanaChoicePPO PPO R5826-031			•	1	1		\$86.00	\$21.32	1	•			1		97	•
		HumanaChoicePPO PPO R5826-004			•				\$97.00	\$32.47	•	<u> </u>		•			97	•
	InStil Health Insurance Company	InStil InChoice Option I - Regional			•	1	1		\$12.00	φ02.47 -	 	1		•	1		- 57	
	mount rodain mountaines company	InStil InCare				•			\$30.00	-								-
		InStil InChoice Option I - Regional			•	<u> </u>	 	-	\$47.00	\$35.28	•	<u> </u>		•	<u> </u>		96	•
		InStil InChoice Option II - Regional			•				\$60.00	φ00.20 -	 						50	<u> </u>
		InStil InChoice Option II - Regional			•		 	-	\$102.00	\$41.87	•	<u> </u>			•		96	•
		Kaiser Permanente Senior Advantage B							ψ102.00	Ψ11.07	 				 		50	<u> </u>
	Kaiser Permanente Senior Advantage	Only					1		\$16.65	\$16.65					1		68	1
 	Taiser i emianente senioi Advantage	Kaiser Permanente Senior Advantage	-	1		 	 		\$35.00	\$0.00		-	-	- :	1	 	68	
-	SecureHorizons Direct	SecureHorizons Direct Plan 4		 		—	1	1	\$25.00	-	<u> </u>	 		•	1		00	
-	Occurs forizons briefs	SecureHorizons Direct Prant 4 SecureHorizons Direct Premier Plan 100	1	1		-	 		\$95.00	-	 	 	-	1	1	 		
-	Sterling Option I	Sterling Option I		 		•	1	1	\$9.00	-	 	 			1			
-	Otoming Option 1	Otening Option i	1	1		-	 		φ9.00	 	 	 	-	1	1	 		
	United Healthcare Insurance Company	Evercare Plan IP							\$27.13	\$27.13	•			•			97	•
		Evercare Plan DP							\$33.15	\$33.15				•			97	•

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Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

		Description Description						-	<u> </u>	Cost		<u>'</u>			erage		Convenience
			М		ype of Advantage	Plan				D	rug Deduc	iible		Coverage	Additional Offered in verage Gap		
County	Organization Name	Plan Name	нмо	Local PPO	Regional PPO	Private Fee-for- Service		Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Zero	Reduced	Standard (\$250)	Includes Tiered Copayments for Drugs	- Generics Only	Generics and Brands	Number of Top 100 Drugs on Formulary	Mail Order Offered
	Blue Cross Blue Shield Healthcare Plan							_									
HABERSHAM	of Georgia	SmartValue Classic				•	<u> </u>	\$9.00	-								
		SmartValue Plus						\$11.00	\$6.00							88	
	Humana Insurance Company	Humana Gold Choice PFFS H1804-013				· •		\$43.00	\$30.89			<u> </u>	•			97	•
	Tramana mourance company	HumanaChoicePPO PPO R5826-017	1		•	_		\$50.00	-	_						- 57	
		HumanaChoicePPO PPO R5826-031					†	\$86.00	\$21.32		•					97	•
		HumanaChoicePPO PPO R5826-004			•			\$97.00	\$32.47	•			•		Ì	97	•
	InStil Health Insurance Company	InStil InChoice Option I - Regional			•			\$12.00	-								
		InStil InCare				•		\$30.00	-								
		InStil InChoice Option I - Regional			•			\$47.00	\$35.28	•			•			96	•
		InStil InChoice Option II - Regional			•			\$60.00	-								
		InStil InChoice Option II - Regional			•			\$102.00	\$41.87	•			•	•		96	•
	SecureHorizons Direct	SecureHorizons Direct Plan 3				•		\$0.00	-								
	Di O Di Oli III II B	SecureHorizons Direct Premier Plan 200				•		\$85.00	-								
	Blue Cross Blue Shield Healthcare Plan							***									
HALL	of Georgia	SmartValue Classic	1	-		•	-	\$9.00	-								
		SmartValue Plus						\$11.00	\$6.00							88	
	Humana Insurance Company	Humana Gold Choice PFFS H1804-013				•	 	\$43.00	\$30.89	•	<u> </u>	<u> </u>	•		 	97	•
	Tramana mourance company	HumanaChoicePPO PPO R5826-017			•	·		\$50.00	ψ30.03 -	·						31	·
		HumanaChoicePPO PPO R5826-031	1		•			\$86.00	\$21.32		•					97	•
		HumanaChoicePPO PPO R5826-004			•			\$97.00	\$32.47	•			•			97	•
	InStil Health Insurance Company	InStil InChoice Option I - Regional			•			\$12.00	-								
		InStil InCare				•		\$30.00	-								
		InStil InChoice Option I - Regional			•			\$47.00	\$35.28	•			•			96	•
		InStil InChoice Option II - Regional			•			\$60.00	-								
		InStil InChoice Option II - Regional			•			\$102.00	\$41.87	•			•	•		96	•
	SecureHorizons Direct	SecureHorizons Direct Plan 4				•		\$25.00	-								
		SecureHorizons Direct Premier Plan 200				•		\$85.00	-								
	United Healthcare Insurance Company	Evercare Plan IP						\$27.13	\$27.13	•			•			97	•
		Evercare Plan DP						\$22.4E	f22.4F				1 .			97	_
HANCOCK	Humana Insurance Company	HumanaChoicePPO PPO R5826-017	 	<u> </u>			 	\$33.15 \$50.00	\$33.15	•	 	 	•	-	-	91	•
17.110001	Tramana mourance Company	Humana Gold Choice PFFS H1804-014	1	1	<u> </u>		1	\$63.00	\$30.89		 			1	1	97	•
-	+	HumanaChoicePPO PPO R5826-031	1			_	-	\$86.00	\$21.32	<u> </u>			 		1	97	- :
		HumanaChoicePPO PPO R5826-004	1		-		1	\$97.00	\$32.47	•	 		•	1		97	•
	InStil Health Insurance Company	InStil InChoice Option I - Regional	1	†	-			\$12.00	φυ <u>Σ</u> <i>τ</i>		1			t -	1	٥,	
		InStil InChoice Option I - Regional			•			\$47.00	\$35.28	•						96	•
		InStil InChoice Option II - Regional			•			\$60.00	-								
		InStil InChoice Option II - Regional			•			\$102.00	\$41.87	•			•	•	Ì	96	•
	SecureHorizons Direct	SecureHorizons Direct Plan 3				•		\$0.00	-								
		SecureHorizons Direct Premier Plan 200				•		\$85.00	-								

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	от регото	Description Description						9			Cost		-,			erage		Convenience
			M		ype of Advantage	Plan					D	rug Deduc	tible		Coverage	Additional Offered in verage Gap		
County	Organization Name	Pian Name	нмо	Local PPO	Regional PPO	Private Fee-for- Service		Demo	Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Zero	Reduced	Standard (\$250)	Includes Tiered Copay- ments for Drugs	- Generics Only	Generics and Brands	Number of Top 100 Drugs on Formulary	Mail Order Offered
County	Blue Cross Blue Shield Healthcare Plan	Fian Name	ПИО	FFO	FFU	Service	Fiaii	Fiaii	Fremium)	Freiiliuiii	2610	Reduced	(ψ230)	Drugs	Offity	Dianus	Formulary	Offered
HARALSON	of Georgia	SmartValue Classic				•			\$9.00	-								
		Connect Value Dive							644.00	60.00							00	
	Humana Insurance Company	SmartValue Plus Humana Gold Choice PFFS H1804-006				 			\$11.00 \$0.00	\$6.00 \$0.00			•	•			88 97	- :
	Tramana mourance company	HumanaChoicePPO PPO R5826-017			•	<u> </u>			\$50.00	ψ0.00 -	_ ·			•			31	
		HumanaChoicePPO PPO R5826-031			•				\$86.00	\$21.32		•					97	
		HumanaChoicePPO PPO R5826-004			•				\$97.00	\$32.47	•			•			97	•
	InStil Health Insurance Company	InStil InCare				•			\$0.00	-								
		InStil InChoice Option I - Regional			•				\$12.00	-								
		InStil InChoice Option I - Regional			•				\$47.00	\$35.28	•			•			96	•
		InStil InChoice Option II - Regional			•				\$60.00	-								
		InStil InChoice Option II - Regional			•				\$102.00	\$41.87	•			•	•		96	•
	SecureHorizons Direct	SecureHorizons Direct Plan 1				•	<u> </u>		\$0.00	-								
	Blue Cross Blue Shield Healthcare Plan	SecureHorizons Direct Premier Plan 200		-		•	-		\$85.00	-								
HARRIS	of Georgia	SmartValue Classic							\$9.00	_								
100000	or coorgia	SmartValue Plus							\$11.00	\$6.00							88	
						Ť											88	•
		SecureCare	•						\$20.97	\$20.97			•					•
		BlueValue Secure	•						\$21.00	\$21.00	•			•			88	•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-006				•			\$0.00	\$0.00	•			•			97	•
		HumanaChoicePPO PPO R5826-017			•				\$50.00	-								
		HumanaChoicePPO PPO R5826-031			•				\$86.00	\$21.32		•					97	•
	In Orill I I and the Immune of Comment	HumanaChoicePPO PPO R5826-004			•		<u> </u>		\$97.00	\$32.47	•			•			97	•
	InStil Health Insurance Company	InStil InCare InStil InChoice - Option I				•	-		\$0.00 \$0.00	\$0.00	•			•			96	•
		InStil InChoice - Option II		:			1		\$11.00	\$0.00	•			•			96	•
		InStil InChoice Option I - Regional		•	•				\$12.00	-								
		InStil InChoice Option I - Regional			•				\$47.00	\$35.28	•			•			96	•
		InStil InChoice - Option II		•	•				\$53.00	\$41.64	•			•			96	•
		InStil InChoice Option II - Regional					†		\$60.00	-							- 00	
		InStil InChoice Option II - Regional			•				\$102.00	\$41.87	•			•	•		96	•
	SecureHorizons Direct	SecureHorizons Direct Plan 1				•			\$0.00	-								
		SecureHorizons Direct Premier Plan 200				•			\$85.00	-								
	United Healthcare Of Georgia, Inc.	UnitedHealthcare Medicare Complete Rx	•						\$0.00	\$0.00	•			•			97	•
		UnitedHealthcare Medicare Complete	•	ļ		 	<u> </u>		\$0.00		ļ	 			ļ	ļ		
		Evercare Plan DH-ES	•	ļ		 	<u> </u>		\$18.61	\$18.61	•	 		•	ļ	ļ	97	•
LIADT	Blue Cross Blue Shield Healthcare Plan	O		1				l	600.00		1		1	Ì	1			
HART	of Georgia	SmartValue Classic				-	-		\$29.00	-		-			-	-		
		SmartValue Plus							\$34.00	\$21.76							88	
	Humana Insurance Company	HumanaChoicePPO PPO R5826-017			•	<u> </u>	t		\$50.00	φ21.70	1			- -	1	1	30	
		Humana Gold Choice PFFS H1804-014				•			\$63.00	\$30.89	•			•	<u> </u>		97	•
		HumanaChoicePPO PPO R5826-031			•				\$86.00	\$21.32	1	•		İ	1		97	•
		HumanaChoicePPO PPO R5826-004			•				\$97.00	\$32.47	•			•			97	•
	InStil Health Insurance Company	InStil InChoice Option I - Regional			•				\$12.00	-								
		InStil InCare				•			\$30.00	-								
		InStil InChoice Option I - Regional			•				\$47.00	\$35.28	•			•			96	•
		InStil InChoice Option II - Regional			•				\$60.00	-								
1	1	InStil InChoice Option II - Regional			•				\$102.00	\$41.87	•			•	•		96	•

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Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

		Description									Cost				Cov	erage		Convenience
			M		ype of Advantage	Plan					D	rug Deduc	tible		Coverage	Additional Offered in verage Gap		
County	Organization Name	Plan Name	нмо	Local PPO	Regional PPO	Private Fee-for- Service		Demo Plan	Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Zero	Reduced	Standard (\$250)	Includes Tiered Copay- ments for Drugs	Generics Only	Generics and Brands	Number of Top 100 Drugs on Formulary	Mail Order Offered
	Blue Cross Blue Shield Healthcare Plan							T .										
HEARD	of Georgia	SmartValue Classic				•			\$29.00	-								
								1										
		SmartValue Plus				•			\$34.00	\$21.76			•	•			88	•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-006				•		<u> </u>	\$0.00	\$0.00	•			•			97	•
-		HumanaChoicePPO PPO R5826-017		<u> </u>	•	<u> </u>	<u> </u>	 '	\$50.00	-	<u> </u>	<u> </u>			<u> </u>		07	
-		HumanaChoicePPO PPO R5826-031		1	•	1	1	 '	\$86.00	\$21.32	1	•	-	1	1		97	•
	InStil Health Insurance Company	HumanaChoicePPO PPO R5826-004 InStil InCare			•	 	-	 '	\$97.00 \$0.00	\$32.47	•	<u> </u>		•	<u> </u>		97	•
	Instil Health Insurance Company	InStil InCare InStil InChoice Option I - Regional				•			\$12.00	-	<u> </u>	ļ						
		InStil InChoice Option I - Regional			-	1	1	-	\$47.00	\$35.28					1		96	
		InStil InChoice Option II - Regional			-	1	1	-	\$60.00	φ33.26	•				1		90	•
		InStil InChoice Option II - Regional	-	 	•		 	$\vdash \vdash$	\$102.00	\$41.87	•	<u> </u>			•		96	•
	SecureHorizons Direct	SecureHorizons Direct Plan 4	-	 		•	 	$\vdash \vdash$	\$25.00	φ41.07	<u> </u>	<u> </u>		<u> </u>	<u> </u>		30	•
	Geodre Horizona Birect	SecureHorizons Direct Premier Plan 200				•	1	\vdash	\$85.00	-		1			1			
	Blue Cross Blue Shield Healthcare Plan	Cood of tenzene Birock Fromier Fran 200				+ ·	1	\vdash	ψ00.00			1			1			
HENRY	of Georgia	SecureCare						1	\$20.97	\$20.97							88	
	or occigiu	occuro curo							ψ20.01	Ψ20.01							- 00	
		BlueValue Secure	•					1	\$32.00	\$22.36				•			88	•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-013				•			\$43.00	\$30.89	•			•			97	•
	· í	HumanaChoicePPO PPO R5826-017			•				\$50.00	-								
		HumanaChoicePPO PPO R5826-031			•				\$86.00	\$21.32		•					97	•
		HumanaChoicePPO PPO R5826-004			•				\$97.00	\$32.47	•	Ī		•			97	•
	InStil Health Insurance Company	InStil InChoice Option I - Regional			•				\$12.00	-		Ī						
		InStil InChoice Option I - Regional			•			T .	\$47.00	\$35.28	•			•			96	•
		InStil InChoice Option II - Regional			•			T .	\$60.00	-								
		InStil InChoice Option II - Regional			•				\$102.00	\$41.87	•			•	•		96	•
		Kaiser Permanente Senior Advantage B																
	Kaiser Permanente Senior Advantage	Only	•					<u> </u>	\$16.65	\$16.65		•		•			68	
		Kaiser Permanente Senior Advantage	•					<u> </u>	\$35.00	\$0.00	•			•			68	
	SecureHorizons Direct	SecureHorizons Direct Plan 4				•		<u> </u>	\$25.00	-								
		SecureHorizons Direct Premier Plan 100				•			\$95.00	-								
	Sterling Option I	Sterling Option I		ļ		•	<u> </u>	 '	\$9.00	-	ļ	ļ						
	11-3	Francis Disc ID					1	1	007.40	007.46			l					
LIGUIOTON	United Healthcare Insurance Company			•		<u> </u>	 	 '	\$27.13	\$27.13	<u> </u>	<u> </u>		•	<u> </u>		97	•
HOUSTON	Humana Insurance Company	Humana Gold Choice PFFS H1804-013				•	<u> </u>	 '	\$43.00	\$30.89	•	ļ		•			97	•
-		HumanaChoicePPO PPO R5826-017		1	•	1	1	 '	\$50.00	-	1	1	-	1	1		07	
-		HumanaChoicePPO PPO R5826-031		1	•	1	1	 '	\$86.00	\$21.32 \$32.47	—	•	-		1		97 97	•
	In Still Health Incurance Company	HumanaChoicePPO PPO R5826-004		-	•	 	-	<u> </u>	\$97.00	* -	•	 	-	•	 		97	•
<u> </u>	InStil Health Insurance Company	InStil InChoice Option I - Regional		-	•	 	-	<u> </u>	\$12.00 \$47.00	- \$35.28		 	-		 		96	
		InStil InChoice Option I - Regional	-	 	<u> </u>	<u> </u>	 		\$60.00	\$35.26	⊢ •	 		<u> </u>	<u> </u>		90	•
-	<u> </u>	InStil InChoice Option II - Regional InStil InChoice Option II - Regional		 	•	1	 		\$102.00	\$41.87		 				1	96	
-	SecureHorizons Direct	SecureHorizons Direct Plan 4		-	<u> </u>		1	├──	\$102.00	\$41.87	- •	 	-	<u> </u>	<u> </u>		90	•
L	Occure forizona Difect	Decure ionzona Direct Fidit 4		l		•			Ψ20.00		1	1	l	l	1			l .

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Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

		Description									Cost				Cove	erage		Convenience
			M		ype of Advantage	Plan					D	rug Deduc	tible		Coverage	Additional Offered in erage Gap		
County	Organization Name	Plan Name	нмо	Local PPO	Regional PPO	Private Fee-for- Service		Demo Plan	Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Zero	Reduced	Standard (\$250)	Includes Tiered Copayments for Drugs	- Generics Only	Generics and Brands	Number of Top 100 Drugs on Formulary	Mail Order Offered
IDMIN	Blue Cross Blue Shield Healthcare Plan								\$29.00									
IRWIN	of Georgia	SmartValue Classic				•			\$29.00	-								
		SmartValue Plus				•			\$34.00	\$21.76			•	•			88	•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-013				•			\$43.00	\$30.89	•			•			97	•
		HumanaChoicePPO PPO R5826-017			•				\$50.00	-								
		HumanaChoicePPO PPO R5826-031			•				\$86.00	\$21.32		•					97	•
	1.0711.111	HumanaChoicePPO PPO R5826-004			•				\$97.00	\$32.47	•			•			97	•
-	InStil Health Insurance Company	InStil InChoice Option I - Regional	 	 	•	1	-	 	\$12.00	- #25.00	 	 	!	1	1		00	
		InStil InChoice Option I - Regional	ļ		•	 	1	 	\$47.00 \$60.00	\$35.28	•	1		•	1		96	•
-		InStil InChoice Option II - Regional InStil InChoice Option II - Regional	 	-	•	 	1	 	\$60.00 \$102.00	\$41.87							96	
	SecureHorizons Direct	SecureHorizons Direct Plan 1			•	•	1		\$0.00	\$41.07	•		-	•	•		96	•
	Occure ionzona Direct	SecureHorizons Direct Plan 1 SecureHorizons Direct Premier Plan 200	 	 	1	•	 	1	\$85.00	 	1	1	 	1	1			
	Blue Cross Blue Shield Healthcare Plan					<u> </u>	1		ψ00.00									
JACKSON	of Georgia	SmartValue Classic				•			\$29.00	-								
		SmartValue Plus				•			\$34.00	\$21.76			•	•			88	•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-006				•			\$0.00	\$0.00	•			•			97	•
		HumanaChoicePPO PPO R5826-017			•				\$50.00	-								
		HumanaChoicePPO PPO R5826-031			•				\$86.00	\$21.32		•					97	•
		HumanaChoicePPO PPO R5826-004			•				\$97.00	\$32.47	•			•			97	•
	Instil Health Insurance Company	InStil InChoice - Option I		•					\$0.00	-								
		InStil InChoice Option I - Regional			•				\$12.00	-								
		InStil InCare				•			\$30.00	-								
		InStil InChoice - Option I		•					\$36.00	\$36.00	•			•			96	•
		InStil InChoice Option I - Regional		-	•		-		\$47.00	\$35.28	•			•			96	•
		InStil InChoice - Option II InStil InChoice Option II - Regional		•					\$47.00 \$60.00	-	ļ							
		InStil InChoice - Option II - Regional			•	1	1		\$90.00	\$43.16			-		.		96	
		InStil InChoice Option II - Regional		•					\$102.00	\$41.87	-			-:-	- :-		96	.
	SecureHorizons Direct	SecureHorizons Direct Plan 3				•			\$0.00	-	-						50	•
	COGGIOTIONECTIC BITCOL	SecureHorizons Direct Premier Plan 200	1			•		1	\$85.00	-	1							
	Blue Cross Blue Shield Healthcare Plan							1	\$00.00									
JASPER	of Georgia	SmartValue Classic				•			\$29.00	-								
		SmartValue Plus				•			\$34.00	\$21.76			•	•			88	•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-013				•			\$43.00	\$30.89	•			•			97	•
		HumanaChoicePPO PPO R5826-017			•				\$50.00	-								
		HumanaChoicePPO PPO R5826-031			•				\$86.00	\$21.32		•					97	•
		HumanaChoicePPO PPO R5826-004			•				\$97.00	\$32.47	•			•			97	•
	InStil Health Insurance Company	InStil InChoice Option I - Regional		-	•		<u> </u>		\$12.00	-								
		InStil InChoice Option I - Regional InStil InChoice Option II - Regional			•	 	1	 	\$47.00 \$60.00	\$35.28	•	1		•	1		96	•
-		InStil InChoice Option II - Regional InStil InChoice Option II - Regional	 	 	•	 	<u> </u>	 	\$60.00 \$102.00	\$41.87		 	-		٠.		96	•
-	SecureHorizons Direct	SecureHorizons Direct Plan 3	 	 	<u> </u>	•	<u> </u>	 	\$102.00	\$41.87	<u> </u>	 	-	-	<u> </u>		96	•
	Occure Ionzona Direct	SecureHorizons Direct Plan 3	 	1		- :-	 	1	\$85.00	-	1	1	1	1	1			
JEFF DAVIS	Humana Insurance Company	HumanaChoicePPO PPO R5826-017	 	 	•	⊢•	 	 	\$50.00	-	 	 	1	 	1			
02.1 0/1/10	. Issue in our arrow company	Humana Gold Choice PFFS H1804-014	 	 	⊢ •		 	 	\$63.00	\$30.89		 			-		97	•
		HumanaChoicePPO PPO R5826-031		†	•	† -			\$86.00	\$21.32	†	•	<u> </u>	-	<u> </u>		97	•
		HumanaChoicePPO PPO R5826-004			-	1	 	 	\$97.00	\$32.47	•	t -		•	1		97	•
	InStil Health Insurance Company	InStil InChoice Option I - Regional	1		•	1		1	\$12.00	-	1			1				
	, , , , , , , , , , , , , , , , , , , ,	InStil InChoice Option I - Regional			•	1			\$47.00	\$35.28	•			•			96	•
		InStil InChoice Option II - Regional			•				\$60.00	-	<u></u>			İ				
		InStil InChoice Option II - Regional			•				\$102.00	\$41.87	•			•	•		96	•
		-																

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	• • • • • •	Description Description									Cost					erage		Convenience
			М		ype of Advantage	Plan					D	rug Deduc	tible		Coverage	Additional Offered in verage Gap		
County		Plan Name	нмо	Local PPO	Regional PPO	Private Fee-for- Service	Cost Plan		Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Zero	Reduced	Standard (\$250)	Includes Tiered Copay ments for Drugs	- Generics Only	Generics and Brands	Number of Top 100 Drugs on Formulary	Mail Order Offered
	Blue Cross Blue Shield Healthcare Plan																	
JEFFERSON	of Georgia	SmartValue Classic				•			\$29.00	-								
		SmartValue Plus							\$34.00	\$21.76							88	•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-006	 			<u> </u>	 	-	\$0.00	\$0.00	•	<u> </u>	-	<u> </u>			97	·
 		HumanaChoicePPO PPO R5826-017	 	1	•	L -	+	-	\$50.00	-	<u> </u>	-	1	 	 	 	31	
 		HumanaChoicePPO PPO R5826-031	 	1	-	 	+	-	\$86.00	\$21.32	-	•	1	 	 	 	97	•
		HumanaChoicePPO PPO R5826-004			•		1		\$97.00	\$32.47	•	<u> </u>					97	•
	InStil Health Insurance Company	InStil InChoice Option I - Regional			•		1		\$12.00	φυΣ	 	1		-			- 57	·
	incia ricalar incarance company	InStil InChoice - Option I	1						\$22.00	-	1	1						
		InStil InChoice Option I - Regional							\$47.00	\$35.28		1			1		96	•
		InStil InChoice - Option I					1		\$58.00	\$35.73	•	1					96	•
		InStil InChoice Option II - Regional	1						\$60.00	-	1	1					- 00	-
		InStil InChoice - Option II	1						\$70.00	-	1	1						
		InStil InChoice Option II - Regional							\$102.00	\$41.87		ì			•		96	•
		InStil InChoice - Option II		•					\$113.00	\$43.38	•			•	•		96	•
	SecureHorizons Direct	SecureHorizons Direct Plan 4	1			•			\$25.00	-	1	1						
		SecureHorizons Direct Premier Plan 100				•			\$95.00	-	i e	i e						
	Sterling Option I	Sterling Option I				•			\$9.00	-	i e	i e						
	Blue Cross Blue Shield Healthcare Plan	3 -1							*									
JENKINS	of Georgia	SmartValue Classic				•			\$9.00	-								
		SmartValue Plus							\$11.00	\$6.00							88	
	Humana Insurance Company	Humana Gold Choice PFFS H1804-013				•			\$43.00	\$30.89	•	1		•			97	•
		HumanaChoicePPO PPO R5826-017			•				\$50.00	-	1	1						
		HumanaChoicePPO PPO R5826-031			•				\$86.00	\$21.32	1	•					97	•
		HumanaChoicePPO PPO R5826-004			•				\$97.00	\$32.47	•	1		•			97	•
	InStil Health Insurance Company	InStil InChoice Option I - Regional			•				\$12.00	-	Ī	Ī						
		InStil InChoice Option I - Regional			•				\$47.00	\$35.28	•			•			96	•
		InStil InChoice Option II - Regional			•				\$60.00	-								
		InStil InChoice Option II - Regional			•				\$102.00	\$41.87	•			•	•		96	•
	SecureHorizons Direct	SecureHorizons Direct Plan 3				•			\$0.00	-								
		SecureHorizons Direct Premier Plan 200				•			\$85.00	-								
JOHNSON	Humana Insurance Company	Humana Gold Choice PFFS H1804-013				•			\$43.00	\$30.89	•			•			97	•
		HumanaChoicePPO PPO R5826-017			•				\$50.00	-								
		HumanaChoicePPO PPO R5826-031			•				\$86.00	\$21.32		•					97	•
		HumanaChoicePPO PPO R5826-004			•				\$97.00	\$32.47	•			•			97	•
		InStil InChoice Option I - Regional			•				\$12.00	-								
	-	InStil InChoice Option I - Regional			•				\$47.00	\$35.28	•			•			96	•
		InStil InChoice Option II - Regional			•				\$60.00	-								
		InStil InChoice Option II - Regional	1		•	1	l –		\$102.00	\$41.87	•	1		•	•	1	96	•

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Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

		Description									Cost				Cov	erage		Convenience
			M		ype of Advantage	Plan					D	rug Deduc	tible		Coverage	Additional Offered in verage Gap		
County	Organization Name	Plan Name	нмо	Local PPO	Regional PPO	Private Fee-for- Service		Demo	Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Zero	Reduced	Standard (\$250)	Includes Tiered Copayments for Drugs	- Generics Only	Generics and Brands	Number of Top 100 Drugs on Formulary	Mail Order Offered
County	Blue Cross Blue Shield Healthcare Plan		TIMO	110	110	Jei vice	I Iaii	I Iaii	i remium)	rieiliulii	2010	ricadoca	(ψ200)	Drugs	Offiny	Dianas	Torritalary	Offered
JONES	of Georgia	SmartValue Classic				•			\$9.00	-								
		S 14 1 51																1 '
	Humana Insurance Company	SmartValue Plus Humana Gold Choice PFFS H1804-013				•			\$11.00 \$43.00	\$6.00 \$30.89			•	•			88 97	•
	Humana insurance Company	HumanaChoicePPO PPO R5826-017		<u> </u>		•	<u> </u>	-	\$43.00 \$50.00	\$30.89	•			•			97	<u> </u>
		HumanaChoicePPO PPO R5826-031			-	1	1		\$86.00	\$21.32			-				97	
		HumanaChoicePPO PPO R5826-004			· :				\$97.00	\$32.47	•	<u> </u>		•			97	<u> </u>
	InStil Health Insurance Company	InStil InChoice Option I - Regional	 	 	-	 	 		\$12.00	φ32.47	t -	 		l i	†	 	31	
		InStil InChoice Option I - Regional	i –	1	•	1			\$47.00	\$35.28				•	1		96	•
		InStil InChoice Option II - Regional	i –	1	•	1			\$60.00	-					1		- 55	
		InStil InChoice Option II - Regional	1		•				\$102.00	\$41.87	•			•	•		96	•
	SecureHorizons Direct	SecureHorizons Direct Plan 1				•			\$0.00	-								
		SecureHorizons Direct Premier Plan 200				•			\$85.00	-								
									\$27.13	\$27.13	•						97	•
	Blue Cross Blue Shield Healthcare Plan																	
LAMAR	of Georgia	SmartValue Classic				•			\$9.00	-								
		S 34 4 51																
		SmartValue Plus				•	<u> </u>		\$11.00	\$6.00			•	•			88 97	
	Humana Insurance Company	Humana Gold Choice PFFS H1804-006		-	<u> </u>	•	ļ		\$0.00 \$50.00	\$0.00	•	-		•			97	•
		HumanaChoicePPO PPO R5826-017 HumanaChoicePPO PPO R5826-031		<u> </u>	:	1	<u> </u>	-	\$86.00	\$21.32							97	
		HumanaChoicePPO PPO R5826-004			<u> </u>	1	1		\$97.00	\$32.47		•	-				97	- :
	InStil Health Insurance Company	InStil InChoice Option I - Regional		 	· :		 	-	\$12.00	Ψ32.41	+ <u>-</u> -			•			31	
	mount realist mountained company	InStil InChoice Option I - Regional			- ·				\$47.00	\$35.28							96	-
		InStil InChoice Option II - Regional			•				\$60.00	φοσ.20	<u> </u>						50	
		InStil InChoice Option II - Regional			•		†		\$102.00	\$41.87							96	
	SecureHorizons Direct	SecureHorizons Direct Plan 2		1			-		\$0.00	-							- 00	-
		SecureHorizons Direct Premier Plan 200				•			\$85.00	-								
	Blue Cross Blue Shield Healthcare Plan					1			400.00									
LANIER	of Georgia	SmartValue Classic				•			\$29.00	-								
		SmartValue Plus	<u> </u>			•			\$34.00	\$21.76			•	•			88	•
	Humana Insurance Company	HumanaChoicePPO PPO R5826-017			•				\$50.00	-								
		Humana Gold Choice PFFS H1804-014	ļ			•	<u> </u>		\$63.00	\$30.89	•			•			97	•
		HumanaChoicePPO PPO R5826-031	<u> </u>		•	ļ	<u> </u>		\$86.00	\$21.32	1	•					97	•
	la Oril I I a alsta la company of the company	HumanaChoicePPO PPO R5826-004			:		<u> </u>		\$97.00	\$32.47	•			•			97	•
	InStil Health Insurance Company	InStil InChoice Option I - Regional							\$12.00	605.00							00	
		InStil InChoice Option I - Regional InStil InChoice Option II - Regional	1	 	•	 	<u> </u>		\$47.00 \$60.00	\$35.28	•	 		•	1	 	96	•
-	+	InStil InChoice Option II - Regional	1	1	<u> </u>	1	1		\$102.00	\$41.87		1				1	96	
	SecureHorizons Direct	SecureHorizons Direct Plan 1	!	 	L -	•	 		\$0.00	φ41.07	t -	 			⊢ •	 	30	
	COCCIO IONZONO DINOC	SecureHorizons Direct Premier Plan 200	!	 	 	•	 		\$85.00	-	-	 		-	†	 		
LAURENS	Humana Insurance Company	Humana Gold Choice PFFS H1804-013	1			•			\$43.00	\$30.89			1	•			97	•
		HumanaChoicePPO PPO R5826-017	i –	1	•	<u> </u>			\$50.00	-					1		Ŭ.	
		HumanaChoicePPO PPO R5826-031	i –	1	•	1			\$86.00	\$21.32		•		1	1		97	•
		HumanaChoicePPO PPO R5826-004	1		•	1			\$97.00	\$32.47	•			•	1		97	•
	InStil Health Insurance Company	InStil InChoice Option I - Regional	1		•				\$12.00	-				İ	<u> </u>		Ţ.	<u> </u>
		InStil InChoice Option I - Regional			•				\$47.00	\$35.28	•			•			96	•
		InStil InChoice Option II - Regional			•				\$60.00	-								
		InStil InChoice Option II - Regional			•				\$102.00	\$41.87	•			•	•		96	•
	SecureHorizons Direct	SecureHorizons Direct Plan 4				•			\$25.00	-								
		SecureHorizons Direct Premier Plan 200				•			\$85.00	-								

* The beneficiary total premium for Medicare Advantage, Cost Plans and Demonstrations covers Medicare medical and hospital benefits, and prescription drug benefits and supplemental benefits, where offered. The beneficiary drug premium is the portion of the total premium that covers prescription drugs only; plan premiums vary for these benefits. Beneficiaries generally are also responsible for the Part B premium.

Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

		Description									Cost				Cove	erage		Convenience
			Me		ype of Advantage	Plan					С	rug Deduc	tible		Coverage	Additional Offered in erage Gap		
County	Organization Name	Plan Name	нмо	Local PPO	Regional PPO	Private Fee-for- Service		Demo Plan	Premium)	Beneficiary Drug Premium*	Zero	Reduced	Standard (\$250)	Includes Tiered Copayments for Drugs	Generics Only	Generics and Brands	Number of Top 100 Drugs on Formulary	Mail Order Offered
LEE	Humana Insurance Company	Humana Gold Choice PFFS H1804-013				•			\$43.00	\$30.89	•			•			97	•
		HumanaChoicePPO PPO R5826-017			•				\$50.00									
		HumanaChoicePPO PPO R5826-031			•				\$86.00	\$21.32		•					97	•
	la Orii I I a aliib la a conse a Conse a conse	HumanaChoicePPO PPO R5826-004			•				\$97.00	\$32.47	•			•	<u> </u>		97	•
	InStil Health Insurance Company	InStil InChoice Option I - Regional			•				\$12.00	-							00	
		InStil InChoice Option I - Regional InStil InChoice Option II - Regional		-	•				\$47.00	\$35.28	•			•	ļ		96	•
		InStil InChoice Option II - Regional			•				\$60.00 \$102.00	\$41.87	•	-		•	•		96	•
LIBERTY	Humana Insurance Company	Humana Gold Choice PFFS H1804-013			•	•			\$43.00	\$30.89	•			· ·	•		97	
LIDERTI	Trumana msurance company	HumanaChoicePPO PPO R5826-017			•				\$50.00	φ30.03 -	Ť						31	
		HumanaChoicePPO PPO R5826-031	1	†	•	†			\$86.00	\$21.32	t		1	—	1		97	•
		HumanaChoicePPO PPO R5826-004	1	†	•	†			\$97.00	\$32.47	•	<u> </u>	1	•	1		97	•
	InStil Health Insurance Company	InStil InChoice Option I - Regional	1		•				\$12.00	-			İ	1				
		InStil InChoice - Option I	1	•					\$40.00	-			İ	1				
		InStil InChoice Option I - Regional			•				\$47.00	\$35.28	•		1	•			96	•
		InStil InChoice Option II - Regional			•				\$60.00	-								
		InStil InChoice - Option I		•					\$76.00	\$35.69	•			•			96	•
		InStil InChoice - Option II		•					\$87.00	-								
		InStil InChoice Option II - Regional			•				\$102.00	\$41.87	•			•	•		96	•
		InStil InChoice - Option II		•					\$130.00	\$43.31	•			•	•		96	•
	SecureHorizons Direct	SecureHorizons Direct Plan 4				•			\$25.00	-								
		SecureHorizons Direct Premier Plan 200				•			\$85.00	-								
	Sterling Option I	Sterling Option I				•			\$9.00	-								
LINCOLN	Humana Insurance Company	HumanaChoicePPO PPO R5826-017			•				\$50.00									
		Humana Gold Choice PFFS H1804-014				•			\$63.00	\$30.89	•			•			97	•
		HumanaChoicePPO PPO R5826-031			•				\$86.00	\$21.32		•					97	•
	la Ctil I la alth Ingurance Company	HumanaChoicePPO PPO R5826-004		-	•				\$97.00	\$32.47	•			•	ļ		97	•
	InStil Health Insurance Company	InStil InChoice Option I - Regional			•				\$12.00 \$22.00	-					ļ			
		InStil InChoice - Option I InStil InCare		· •			-		\$22.00	-					<u> </u>			
		InStil InCare InStil InChoice Option I - Regional			•	<u> </u>			\$47.00	\$35.28	•			•	<u> </u>		96	•
		InStil InChoice - Option I			•				\$58.00	\$35.28	- :		1	- :	1		96	•
		InStil InChoice Option II - Regional		L -	•		-		\$60.00	φ33.73	<u></u>	1		<u> </u>	<u> </u>		30	
		InStil InChoice - Option II		-			-		\$70.00	-		1			<u> </u>			
		InStil InChoice Option II - Regional		_	•				\$102.00	\$41.87	•		1	•	•		96	•
		InStil InChoice - Option II		•					\$113.00	\$43.38	•				•		96	•
	SecureHorizons Direct	SecureHorizons Direct Plan 4				•			\$25.00	-								
		SecureHorizons Direct Premier Plan 100				•			\$95.00	-								
	Sterling Option I	Sterling Option I				•			\$9.00	-								
LONG	Humana Insurance Company	HumanaChoicePPO PPO R5826-017			•				\$50.00	-								
		Humana Gold Choice PFFS H1804-014				•			\$63.00	\$30.89	•			•			97	•
		HumanaChoicePPO PPO R5826-031			•				\$86.00	\$21.32		•					97	•
		HumanaChoicePPO PPO R5826-004			•				\$97.00	\$32.47	•			•			97	•
	InStil Health Insurance Company	InStil InChoice Option I - Regional			•				\$12.00	-								
		InStil InChoice Option I - Regional	<u> </u>		•				\$47.00	\$35.28	•			•	ļ		96	•
		InStil InChoice Option II - Regional			•				\$60.00	-					<u> </u>			
LOWAIDES	I bernard brown	InStil InChoice Option II - Regional	<u> </u>		•		-		\$102.00	\$41.87	•	1	_	•	•		96	•
LOWNDES	Humana Insurance Company	HumanaChoicePPO PPO R5826-017	1	<u> </u>	•	<u> </u>	_		\$50.00	-		1	!		<u> </u>		07	
		Humana Gold Choice PFFS H1804-014	1	1		•	-		\$63.00	\$30.89	•	1	1	•	1		97	•
-		HumanaChoicePPO PPO R5826-031 HumanaChoicePPO PPO R5826-004	1	1	•	 	-		\$86.00	\$21.32	 	•	1		1		97	•
<u> </u>	InStil Health Insurance Company	InStil InChoice Option I - Regional	1	 	•	 	-		\$97.00 \$12.00	\$32.47	•	1	 	•	 		97	•
-	inoui nealth insurance Company	InStil InChoice Option I - Regional	ł	 	•	1			\$12.00	\$35.28		1	 	•	1		96	
		InStil InChoice Option II - Regional	<u> </u>	 	•	 	 		\$60.00	φου.20		-	 		 	l	30	•

* The beneficiary total premium for Medicare Advantage, Cost Plans and Demonstrations covers Medicare medical and hospital benefits, and prescription drug benefits and supplemental benefits, where offered. The beneficiary drug premium is the portion of the total premium that covers prescription drugs only; plan premiums vary for these benefits. Beneficiaries generally are also responsible for the Part B premium.

Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

		Description							-		Cost		•			erage		Convenience
			Me		ype of Advantage	Plan					D	rug Deduc	tible		Coverage	Additional Offered in verage Gap		
					Regional			Demo					Standard	Includes Tiered Copay- ments for	Generics	Generics and	Number of Top 100 Drugs on	Mail Order
County	Organization Name Blue Cross Blue Shield Healthcare Plan	Plan Name	НМО	PPO	PPO	Service	Plan	Plan	Premium)	Premium*	Zero	Reduced	(\$250)	Drugs	Only	Brands	Formulary	Offered
LUMPKIN	of Georgia	SmartValue Classic							\$29.00	-								
		SmartValue Plus							\$34.00	\$21.76				•			88	
	Humana Insurance Company	HumanaChoicePPO PPO R5826-017			•				\$50.00	-								
		Humana Gold Choice PFFS H1804-014				•			\$63.00	\$30.89	•			•			97	•
		HumanaChoicePPO PPO R5826-031			•				\$86.00	\$21.32		•					97	•
		HumanaChoicePPO PPO R5826-004			•				\$97.00	\$32.47	•			•			97	•
	InStil Health Insurance Company	InStil InChoice Option I - Regional			•	1	<u> </u>		\$12.00	- *05.00		-					00	├
-		InStil InChoice Option I - Regional		1	•	 	-	-	\$47.00 \$60.00	\$35.28	•	 	1	•	 		96	•
		InStil InChoice Option II - Regional InStil InChoice Option II - Regional		l	•	 	1		\$60.00 \$102.00	\$41.87		 		•			96	
	SecureHorizons Direct	SecureHorizons Direct Plan 4		1	•		1		\$102.00	\$41.87	•	1		•	•		90	
-	Geogramonzons Direct	SecureHorizons Direct Plan 4 SecureHorizons Direct Premier Plan 100		1		:	1		\$25.00	-	1	1		-	1			├
MACON	Humana Insurance Company	HumanaChoicePPO PPO R5826-017			•	l	 	-	\$50.00	-	1							
1417 (0 0 1 4	Trumana modrance company	Humana Gold Choice PFFS H1804-014				•	 	-	\$63.00	\$30.89	•			•			97	•
		HumanaChoicePPO PPO R5826-031			•				\$86.00	\$21.32	-	•		-			97	•
		HumanaChoicePPO PPO R5826-004			•				\$97.00	\$32.47	•		1	•			97	•
	InStil Health Insurance Company	InStil InChoice Option I - Regional			•				\$12.00	-							Ü.	
	,	InStil InChoice Option I - Regional			•				\$47.00	\$35.28	•			•			96	•
		InStil InChoice Option II - Regional			•				\$60.00	-								
		InStil InChoice Option II - Regional			•				\$102.00	\$41.87	•			•	•		96	•
	SecureHorizons Direct	SecureHorizons Direct Plan 4				•			\$25.00	-								
		SecureHorizons Direct Premier Plan 100				•			\$95.00	-								
MADISON	Humana Insurance Company	Humana Gold Choice PFFS H1804-006				•			\$0.00	\$0.00	•			•			97	•
		HumanaChoicePPO PPO R5826-017			•				\$50.00	-								
		HumanaChoicePPO PPO R5826-031			•				\$86.00	\$21.32		•					97	•
		HumanaChoicePPO PPO R5826-004			•				\$97.00	\$32.47	•			•			97	•
	Instil Health Insurance Company	InStil InChoice - Option I		•					\$0.00	-								
		InStil InChoice Option I - Regional			•				\$12.00	-								
		InStil InCare				•			\$30.00	-								
		InStil InChoice - Option I		•					\$36.00	\$36.00	•			•			96	•
		InStil InChoice Option I - Regional			•		-		\$47.00 \$47.00	\$35.28	•	-		•			96	•
-		InStil InChoice - Option II InStil InChoice Option II - Regional	-	•		 	<u> </u>	-	\$47.00	 	 	 	-		 	-		
-		InStil InChoice - Option II			•	1	1		\$90.00	\$43.16	•	1		•	- .		96	
		InStil InChoice Option II - Regional		L -			<u> </u>		\$102.00	\$41.87				•	<u> </u>		96	- : -
	SecureHorizons Direct	SecureHorizons Direct Plan 3		-	⊢ •	-	 		\$0.00	φ41.07	⊢ •	 		-			30	
	TITLE OF TOTAL BITCOL	SecureHorizons Direct Premier Plan 200		l		•			\$85.00	-	1	†	<u> </u>		1			
MARION	Humana Insurance Company	Humana Gold Choice PFFS H1804-006				•			\$0.00	\$0.00	•			•			97	•
	,	HumanaChoicePPO PPO R5826-017			•				\$50.00	-	1			İ				
		HumanaChoicePPO PPO R5826-031			•				\$86.00	\$21.32		•					97	•
		HumanaChoicePPO PPO R5826-004			•				\$97.00	\$32.47	•			•			97	•
	InStil Health Insurance Company	InStil InCare				•			\$0.00	-								
		InStil InChoice - Option I		•					\$0.00	\$0.00	•			•			96	•
		InStil InChoice - Option II		•					\$11.00	-								
		InStil InChoice Option I - Regional			•				\$12.00	-								
		InStil InChoice Option I - Regional			•				\$47.00	\$35.28	•			•			96	•
		InStil InChoice - Option II		•					\$53.00	\$41.64	•			•	•		96	•
		InStil InChoice Option II - Regional			•				\$60.00	-								
		InStil InChoice Option II - Regional			•				\$102.00	\$41.87	•			•	•		96	•
	SecureHorizons Direct	SecureHorizons Direct Plan 1				•			\$0.00	-								
1		SecureHorizons Direct Premier Plan 200				•			\$85.00	-								

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Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

		Description Description									Cost	·				erage		Convenience
			М		ype of Advantage	Plan					D	rug Deduct	tible		Coverage	Additional Offered in verage Gap		
County	Organization Name Blue Cross Blue Shield Healthcare Pl	Plan Name	нмо	Local PPO	Regional PPO	Private Fee-for- Service		Demo Plan	Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Zero	Reduced	Standard (\$250)	Includes Tiered Copay- ments for Drugs	Generics Only	Generics and Brands	Number of Top 100 Drugs on Formulary	Mail Order Offered
MC DUFFIE	of Georgia	SmartValue Classic							\$9.00	_								
									40.00									
		SmartValue Plus				•			\$11.00	\$6.00			•	•			88	•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-006				•			\$0.00	\$0.00	•			•			97	•
		HumanaChoicePPO PPO R5826-017			•				\$50.00	-								
		HumanaChoicePPO PPO R5826-031			•				\$86.00	\$21.32		•					97	•
		HumanaChoicePPO PPO R5826-004		ļ	•				\$97.00	\$32.47	•			•			97	•
	InStil Health Insurance Company	InStil InChoice Option I - Regional	 	ļ	•				\$12.00	-	 	1			 	 		
	_	InStil InChoice - Option I	1	•	ļ		\vdash		\$22.00	-							00	
		InStil InChoice Option I - Regional			•				\$47.00	\$35.28	•			•			96	•
		InStil InChoice - Option I		•					\$58.00	\$35.73	•			•			96	•
		InStil InChoice Option II - Regional InStil InChoice - Option II	1	•	•				\$60.00 \$70.00	-	-							
		InStil InChoice - Option II - Regional	1	•					\$102.00	\$41.87							96	
		InStil InChoice - Option II	1		•				\$113.00	\$43.38	<u> </u>	1		- : -	<u> </u>		96	•
	Sterling Option I	Sterling Option I	1	<u> </u>	1	•			\$9.00	ψ43.30 -		+		<u> </u>			30	•
	Blue Cross Blue Shield Healthcare Pl		+		1				ψ3.00			1						
MC INTOSH	of Georgia	SmartValue Classic							\$9.00	_								
	or Goorgia																	
		SmartValue Plus				•			\$11.00	\$6.00			•	•			88	•
	Humana Insurance Company	HumanaChoicePPO PPO R5826-017			•				\$50.00	-								
		Humana Gold Choice PFFS H1804-014				•			\$63.00	\$30.89	•			•			97	•
		HumanaChoicePPO PPO R5826-031	 		•				\$86.00	\$21.32		•					97	•
	In Ord I I and the Inner and One and I	HumanaChoicePPO PPO R5826-004	 		•				\$97.00	\$32.47	•			•			97	•
	InStil Health Insurance Company	InStil InChoice Option I - Regional			•				\$12.00 \$47.00	- \$35.28							00	
		InStil InChoice Option I - Regional InStil InChoice Option II - Regional	1		•				\$60.00	\$35.28	•			•			96	•
		InStil InChoice Option II - Regional	 		•				\$102.00	\$41.87		-				-	96	•
	Blue Cross Blue Shield Healthcare Pl		+		 				ψ102.00	ψ41.07	l 	1		<u> </u>	<u></u>		30	•
MERIWETHER	of Georgia	SmartValue Classic				•			\$9.00	-								
		SmartValue Plus							\$11.00	\$6.00			•				88	•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-006				•			\$0.00	\$0.00	•			•			97	•
		HumanaChoicePPO PPO R5826-017			•				\$50.00	-								
		HumanaChoicePPO PPO R5826-031			•				\$86.00	\$21.32		•					97	•
	1 0 3 1 1 1 1	HumanaChoicePPO PPO R5826-004	1	ļ	•				\$97.00	\$32.47	•	1		•	ļ	ļ	97	•
	InStil Health Insurance Company	InStil InCare	 	ļ	ļ	•			\$0.00	-	 	1			 	 		
		InStil InChoice - Option I	 	•	<u> </u>				\$0.00	\$0.00	•			•	<u> </u>	<u> </u>	96	•
		InStil InChoice - Option II	1	•			\vdash		\$11.00	-	-			1	-			
		InStil InChoice Option I - Regional	1	<u> </u>	•		\vdash		\$12.00	- *25.20	<u> </u>			-	-		00	
		InStil InChoice Option I - Regional	1	1	•				\$47.00	\$35.28	•	1	-	•	1	1	96	•
		InStil InChoice - Option II	1	•			—		\$53.00 \$60.00	\$41.64	•		-	•	•		96	•
		InStil InChoice Option II - Regional InStil InChoice Option II - Regional	+	1	•	-	\vdash		\$60.00	- \$41.87		1	-			 	96	
				1					81UZ UU							1		•
	SecureHorizons Direct	SecureHorizons Direct Plan 1	-			•			\$0.00	-	 				 	 	- 00	

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Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

		Description						94			Cost	ус. р.с	,			erage		Convenience
			М		ype of Advantage	Plan					D	rug Deduc	tible		Coverage	Additional Offered in erage Gap		
County	Organization Name	Plan Name	нмо	Local PPO	Regional PPO	Private Fee-for- Service			Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Zero	Reduced	Standard (\$250)	Includes Tiered Copayments for Drugs	Generics Only	Generics and Brands	Number of Top 100 Drugs on Formulary	Mail Order Offered
,	Blue Cross Blue Shield Healthcare Plan								,						,			
MILLER	of Georgia	SmartValue Classic				•			\$29.00	-								
										_								
		SmartValue Plus				•			\$34.00	\$21.76			•	•			88	•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-006				•			\$0.00	\$0.00	•			•			97	•
		HumanaChoicePPO PPO R5826-017		-	•		-		\$50.00	- 004.00	ļ						07	
	+	HumanaChoicePPO PPO R5826-031	 		•		-		\$86.00	\$21.32	 	•		 	-		97	•
	InStil Hoolth Inquironas Company	HumanaChoicePPO PPO R5826-004	 		•		-		\$97.00 \$12.00	\$32.47	•	 		•	-		97	•
-	InStil Health Insurance Company	InStil InChoice Option I - Regional InStil InChoice Option I - Regional	-	 			-		\$12.00	\$35.28		-	-		 		96	
		InStil InChoice Option II - Regional	 		•				\$60.00	φ35.Z6	•	-		•	 		96	•
		InStil InChoice Option II - Regional			•				\$102.00	\$41.87				•			96	•
	SecureHorizons Direct	SecureHorizons Direct Plan 4	 					-	\$25.00	φ41.07	 			•	<u> </u>		30	
	Decarer Ionzona Bireat	SecureHorizons Direct Premier Plan 200	 			·		-	\$85.00	-	<u> </u>				<u> </u>			
MITCHELL	Humana Insurance Company	Humana Gold Choice PFFS H1804-006	1						\$0.00	\$0.00							97	•
		HumanaChoicePPO PPO R5826-017	1		•				\$50.00	-	1						O.	-
		HumanaChoicePPO PPO R5826-031	1		•				\$86.00	\$21.32	1						97	•
		HumanaChoicePPO PPO R5826-004			•				\$97.00	\$32.47	•			•			97	•
	InStil Health Insurance Company	InStil InChoice Option I - Regional			•				\$12.00	-	i e							
		InStil InChoice Option I - Regional			•				\$47.00	\$35.28	•			•			96	•
		InStil InChoice Option II - Regional			•				\$60.00	-								
		InStil InChoice Option II - Regional			•				\$102.00	\$41.87	•			•	•		96	•
	SecureHorizons Direct	SecureHorizons Direct Plan 4				•			\$25.00	-								
		SecureHorizons Direct Premier Plan 100				•			\$95.00	-								
	Blue Cross Blue Shield Healthcare Plan																	
MONROE	of Georgia	SmartValue Classic				•			\$29.00	-								
		SmartValue Plus							\$34.00	\$21.76							88	
	Humana Insurance Company	Humana Gold Choice PFFS H1804-013				•			\$43.00	\$30.89	•			•	1		97	•
	Transacta modranos company	HumanaChoicePPO PPO R5826-017	1						\$50.00	-	1						O.	-
		HumanaChoicePPO PPO R5826-031			•				\$86.00	\$21.32	ì	•					97	•
		HumanaChoicePPO PPO R5826-004			•				\$97.00	\$32.47	•			•			97	•
	InStil Health Insurance Company	InStil InChoice Option I - Regional			•				\$12.00	-								
		InStil InChoice Option I - Regional			•				\$47.00	\$35.28	•			•			96	•
		InStil InChoice Option II - Regional			•				\$60.00	-								
_		InStil InChoice Option II - Regional			•				\$102.00	\$41.87	•			•	•		96	•
	United Healthouse Incursors Occurrence	Everence Bloo ID							607.40	607.46							07	
MONTOCATEDY	United Healthcare Insurance Company		1	•			-		\$27.13	\$27.13	•	1		•	1		97	•
MONTGOMERY	Humana Insurance Company	Humana Cold Chaiga PEES H1904 014	1	-	•	_			\$50.00	- #20.00	 		1	<u> </u>	 		07	_
<u> </u>	+	Humana Gold Choice PFFS H1804-014 HumanaChoicePPO PPO R5826-031	1	-		•			\$63.00 \$86.00	\$30.89	•		1	•	 		97	•
	+	HumanaChoicePPO PPO R5826-031	1	-	•				\$86.00	\$21.32 \$32.47	•	•	1		 		97 97	•
	InStil Health Insurance Company	InStil InChoice Option I - Regional	-	 	•		-		\$97.00	φ3∠.47		-	-	•	 		91	•
	mour realitrinsurance Company	InStil InChoice Option I - Regional	-	 	•		-		\$12.00 \$47.00	\$35.28	•	-	-		 		96	
<u> </u>		InStil InChoice Option II - Regional			•				\$60.00	\$35.26	├			-	1		90	•
l		InStil InChoice Option II - Regional		1	•				\$102.00	\$41.87							96	

* The beneficiary total premium for Medicare Advantage, Cost Plans and Demonstrations covers Medicare medical and hospital benefits, and prescription drug benefits and supplemental benefits, where offered. The beneficiary drug premium is the portion of the total premium that covers prescription drugs only; plan premiums vary for these benefits. Beneficiaries generally are also responsible for the Part B premium.

Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

	от при при при при при при при при при при	Description						3-			Cost		-, -: -: -			erage		Convenience
			М		ype of Advantage	Plan					D	rug Deduc	tible		Type of Coverage	Additional Offered in erage Gap		
County	Organization Name	Plan Name	нмо	Local PPO	Regional PPO	Private Fee-for- Service		Demo Plan	Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Zero	Reduced	Standard (\$250)	Includes Tiered Copay- ments for Drugs	- Generics Only	Generics and Brands	Number of Top 100 Drugs on Formulary	Mail Order Offered
	Blue Cross Blue Shield Healthcare Plan of Georgia	n SmartValue Classic							\$29.00									
MORGAN	oi Georgia	Smartvalue Classic				•			\$29.00	-								
		SmartValue Plus				•			\$34.00	\$21.76			•	•			88	•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-013				•			\$43.00	\$30.89	•			•			97	•
		HumanaChoicePPO PPO R5826-017			•				\$50.00	-								!
		HumanaChoicePPO PPO R5826-031			•				\$86.00	\$21.32		•					97	•
<u> </u>	la Orii I I a alifa la accesso a Ocass	HumanaChoicePPO PPO R5826-004	<u> </u>		•		<u> </u>	<u> </u>	\$97.00	\$32.47	•			•	1		97	•
-	InStil Health Insurance Company	InStil InChoice Option I - Regional	1	1	•	 	1	1	\$12.00	-	1	 			1			
		InStil InChaire Option I. Bogianal	1	 		•	1	 	\$30.00	- \$25.20	 	 			1	-	06	
		InStil InChoice Option I - Regional	1	 	•	 	1	 	\$47.00	\$35.28	•	 		•	1	-	96	
		InStil InChoice Option II - Regional InStil InChoice Option II - Regional	1	 	•	 	<u> </u>	 	\$60.00 \$102.00	- \$41.87	 	 			 	 	ne	
	SecureHorizons Direct	SecureHorizons Direct Plan 2	1	 	•		<u> </u>	 	\$102.00	φ41.87 -	•	 		•	•	 	96	•
	Geogramonzons Direct	SecureHorizons Direct Pranier Plan 200	1			•	<u> </u>		\$85.00	-	 							
	Blue Cross Blue Shield Healthcare Pla	n	1			•	<u> </u>		φου.υυ		 							
MURRAY	of Georgia	SmartValue Classic							\$29.00	-								1
		SmartValue Plus							\$34.00	\$21.76							88	
	Humana Insurance Company	HumanaChoicePPO PPO R5826-017			•	•			\$50.00	\$21.70	1		•	•			00	<u> </u>
	Tidinaria irisdiarice Company	Humana Gold Choice PFFS H1804-014			•	•			\$63.00	\$30.89	•			•			97	•
		HumanaChoicePPO PPO R5826-031				•			\$86.00	\$21.32	•	•		•			97	- :-
		HumanaChoicePPO PPO R5826-004			•				\$97.00	\$32.47	•	<u> </u>		•			97	•
	InStil Health Insurance Company	InStil InChoice Option I - Regional			•				\$12.00	φο Σ .+7	1			•				
	incarricular incararice company	InStil InChoice Option I - Regional			•			1	\$47.00	\$35.28	•						96	•
		InStil InChoice Option II - Regional			•			1	\$60.00	-							- 00	
		InStil InChoice Option II - Regional			•				\$102.00	\$41.87	•			•	•		96	•
	SecureHorizons Direct	SecureHorizons Direct Plan 4				•			\$25.00	-								
		SecureHorizons Direct Premier Plan 100				•			\$95.00	-								
MUSCOGEE	Blue Cross Blue Shield Healthcare Pla of Georgia	n SmartValue Classic							\$9.00	_								
	,	SmartValue Plus							\$11.00	\$6.00							88	
		SecureCare	_										_				88	_
			•						\$20.97	\$20.97			•					•
		BlueValue Secure	•	ļ		 	 	ļ	\$21.00	\$21.00	•	 		•	1		88	<u> </u>
	Humana Insurance Company	Humana Gold Choice PFFS H1804-006	1			•	<u> </u>		\$0.00	\$0.00	•			•	1		97	<u> </u>
		HumanaChoicePPO PPO R5826-017	<u> </u>	-	•	-	<u> </u>		\$50.00	-	ļ	-					07	+
-		HumanaChoicePPO PPO R5826-031	1	1	•	 	1	1	\$86.00	\$21.32	<u> </u>	•			1		97	•
	In Chil I I a alah Inguranga Camaran	HumanaChoicePPO PPO R5826-004	<u> </u>	-	•	<u> </u>	<u> </u>		\$97.00	\$32.47	•	-		•			97	•
<u> </u>	InStil Health Insurance Company	InStil InCare InStil InChoice - Option I	1			•	<u> </u>	 	\$0.00 \$0.00	\$0.00	 	 			 	 	ne	
———	+	InStil InChoice - Option I	 	<u> </u>		-	1	-	\$11.00	\$0.00	•	-	-	•	-	-	96	
-		InStil InChoice - Option I - Regional	1	⊢•	•	1	1	1	\$11.00	-	1	1		 	1			
—		InStil InChoice Option I - Regional	1	1	:	 	 	1	\$47.00	\$35.28		1	 	•	1	-	96	
-		InStil InChoice - Option II	1		_	 	 	1	\$53.00	\$41.64		1	 	-		-	96	
		InStil InChoice Option II - Regional	1	⊢ •	•	 	 	 	\$60.00	φ41.04 -	⊢ •	 		-	⊢ •		30	
1		InStil InChoice Option II - Regional	 	 	•	1	 	 	\$102.00	\$41.87		1				-	96	
-	SecureHorizons Direct	SecureHorizons Direct Plan 1	1	1	-	•	1	1	\$0.00	φ41.07	l -	1		<u> </u>	t		- 55	
	2 3 3 10 10 12 110 Dilloot	SecureHorizons Direct Premier Plan 200	 	 		-	t	 	\$85.00	 	!	 		 	-			
	United Healthcare Of Georgia, Inc.	UnitedHealthcare Medicare Complete Rx		1		1	1	1	\$0.00	\$0.00	•	1		•	1		97	•
		UnitedHealthcare Medicare Complete	•	1			1		\$0.00	-			1				Ŭ.	
		Evercare Plan DH-ES	•	1			1		\$18.61	\$18.61	•		1	•			97	•
							•											

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Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

		Description Description									Cost					erage		Convenience
			M		ype of Advantage	Plan					D	rug Deduc	tible		Coverage	Additional Offered in verage Gap		
County	Organization Name	Plan Name	нмо	Local PPO	Regional PPO	Private Fee-for- Service		Demo Plan	Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Zero	Reduced	Standard (\$250)	Includes Tiered Copay- ments for Drugs	Generics Only	Generics and Brands	Number of Top 100 Drugs on Formulary	Mail Order Offered
NEWTON	Blue Cross Blue Shield Healthcare Plar of Georgia	SmartValue Classic							\$29.00	_								
									V									
		SmartValue Plus				•			\$34.00	\$21.76			•	•			88	•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-013				•			\$43.00	\$30.89	•			•			97	•
		HumanaChoicePPO PPO R5826-017			•				\$50.00	-								
		HumanaChoicePPO PPO R5826-031			•				\$86.00	\$21.32		•					97	•
		HumanaChoicePPO PPO R5826-004			•				\$97.00	\$32.47	•			•			97	•
	InStil Health Insurance Company	InStil InChoice Option I - Regional			•				\$12.00	-								
		InStil InChoice Option I - Regional			•				\$47.00	\$35.28	•			•			96	•
		InStil InChoice Option II - Regional			•	<u> </u>			\$60.00	-	ļ							
		InStil InChoice Option II - Regional	1		•	<u> </u>			\$102.00	\$41.87	•		ļ	•	•		96	•
	SecureHorizons Direct	SecureHorizons Direct Plan 4				•			\$25.00	-								
		SecureHorizons Direct Premier Plan 100				•			\$95.00	-								
	Sterling Option I	Sterling Option I				•			\$9.00	-								
	Blue Cross Blue Shield Healthcare Plan	1							_									
OCONEE	of Georgia	SmartValue Classic				•			\$9.00	-								
									_									
	<u> </u>	SmartValue Plus				•			\$11.00	\$6.00			•	•			88	•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-006				•			\$0.00	\$0.00	•			•			97	•
		HumanaChoicePPO PPO R5826-017			•				\$50.00	-								
		HumanaChoicePPO PPO R5826-031			•				\$86.00	\$21.32		•					97	•
		HumanaChoicePPO PPO R5826-004			•				\$97.00	\$32.47	•			•			97	•
	Instil Health Insurance Company	InStil InChoice - Option I		•			1		\$0.00	-								
		InStil InChoice Option I - Regional			•				\$12.00	-								
		InStil InCare				•			\$30.00	-								
		InStil InChoice - Option I		•					\$36.00	\$36.00	•			•			96	•
		InStil InChoice Option I - Regional			•				\$47.00	\$35.28	•			•			96	•
		InStil InChoice - Option II		•					\$47.00	-								
		InStil InChoice Option II - Regional			•				\$60.00									
		InStil InChoice - Option II		•					\$90.00	\$43.16	•			•	•		96	•
	8: 1	InStil InChoice Option II - Regional			•		1		\$102.00	\$41.87	•			•	•		96	•
	SecureHorizons Direct	SecureHorizons Direct Plan 3				•			\$0.00	-								
001 57110005		SecureHorizons Direct Premier Plan 200				•	1		\$85.00	-								
OGLETHORPE	Humana Insurance Company	HumanaChoicePPO PPO R5826-017	1	<u> </u>	•	ļ	1		\$50.00	-	<u> </u>				ļ			
		Humana Gold Choice PFFS H1804-014				•			\$63.00	\$30.89	•			•			97	•
		HumanaChoicePPO PPO R5826-031	1	<u> </u>	•	<u> </u>	1	1	\$86.00	\$21.32	<u> </u>	•			<u> </u>		97	•
	1	HumanaChoicePPO PPO R5826-004	1	 	•	ļ			\$97.00	\$32.47	•	1		•	ļ	ļ	97	•
	Instil Health Insurance Company	InStil InChoice - Option I	1	•		<u> </u>	1	1	\$0.00	-	<u> </u>	1			<u> </u>			
		InStil InChoice Option I - Regional	1	<u> </u>	•	<u> </u>	1	1	\$12.00	-	<u> </u>	1			<u> </u>			
		InStil InCare	1	<u> </u>		•	1		\$30.00	-	<u> </u>				ļ			
		InStil InChoice - Option I	1	•		ļ	1		\$36.00	\$36.00	•			•	ļ		96	•
		InStil InChoice Option I - Regional	1	<u> </u>	•	ļ	1		\$47.00	\$35.28	•			•	ļ		96	•
		InStil InChoice - Option II	1	•		<u> </u>	1	1	\$47.00	-	<u> </u>	1			<u> </u>			
		InStil InChoice Option II - Regional	1	<u> </u>	•	ļ	1		\$60.00	-	<u> </u>				ļ			
		InStil InChoice - Option II		•		ļ			\$90.00	\$43.16	•			•	•		96	•
		InStil InChoice Option II - Regional			•				\$102.00	\$41.87	•			•	•		96	•

* The beneficiary total premium for Medicare Advantage, Cost Plans and Demonstrations covers Medicare medical and hospital benefits, and prescription drug benefits and supplemental benefits, where offered. The beneficiary drug premium is the portion of the total premium that covers prescription drugs only; plan premiums vary for these benefits. Beneficiaries generally are also responsible for the Part B premium.

Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

		Description Description									Cost					erage		Convenience
			M		ype of Advantage	Plan					D	rug Deduc	tible		Coverage	Additional Offered in erage Gap		
0	Constant of News	Block Name						Demo			7000	Dadward	Standard	Includes Tiered Copay- ments for	Generics Only	Generics and	Number of Top 100 Drugs on	Mail Order
County	Organization Name Blue Cross Blue Shield Healthcare Plan	Plan Name	НМО	PPO	PPO	Service	Plan	Plan	Premium)	Premium*	Zero	Reduced	(\$250)	Drugs	Only	Brands	Formulary	Offered
PAULDING	of Georgia	SmartValue Classic							\$29.00	-								
		SmartValue Plus				•			\$34.00	\$21.76			•	•			88	•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-013				•			\$43.00	\$30.89	•			•			97	•
		HumanaChoicePPO PPO R5826-017			•				\$50.00	-								
		HumanaChoicePPO PPO R5826-031			•				\$86.00	\$21.32		•					97	•
		HumanaChoicePPO PPO R5826-004			•		<u> </u>		\$97.00	\$32.47	•	ļ		•			97	•
	InStil Health Insurance Company	InStil InChoice Option I - Regional		ļ	•	 	<u> </u>		\$12.00	-	ļ	ļ						
		InStil InChoice Option I - Regional			•	 	 		\$47.00	\$35.28	•	ļ		•			96	•
		InStil InChoice Option II - Regional			•	 	 		\$60.00	-	ļ	ļ						
		InStil InChoice Option II - Regional			•				\$102.00	\$41.87	•			•	•		96	•
	K-i B 0i 4 dt	Kaiser Permanente Senior Advantage B							640.05	640.05							00	
	Kaiser Permanente Senior Advantage	Only Kaiser Permanente Senior Advantage	•						\$16.65 \$35.00	\$16.65 \$0.00	ļ	•		•		ļ	68	
	SecureHorizons Direct	SecureHorizons Direct Plan 4	•				-	-	\$35.00	\$0.00	•			•			68	
	Secure Horizons Direct	SecureHorizons Direct Plan 4 SecureHorizons Direct Premier Plan 100				<u> </u>			\$95.00	-								
	Sterling Option I	Sterling Option I				•			\$9.00	-								
PEACH	Humana Insurance Company	Humana Gold Choice PFFS H1804-013				<u> </u>			\$43.00	\$30.89	•			•			97	•
LACIT	Transarance company	HumanaChoicePPO PPO R5826-017			•		1		\$50.00	-	<u> </u>			-				·
		HumanaChoicePPO PPO R5826-031			•				\$86.00	\$21.32		•	1				97	•
		HumanaChoicePPO PPO R5826-004							\$97.00	\$32.47	•	1		•			97	•
	InStil Health Insurance Company	InStil InChoice Option I - Regional			•				\$12.00	-							**	
	, , , , , , , , , , , , , , , , , , , ,	InStil InChoice Option I - Regional			•				\$47.00	\$35.28	•			•			96	•
		InStil InChoice Option II - Regional			•				\$60.00	-								
		InStil InChoice Option II - Regional			•				\$102.00	\$41.87	•			•	•		96	•
	SecureHorizons Direct	SecureHorizons Direct Plan 3				•			\$0.00	-								
		SecureHorizons Direct Premier Plan 100				•			\$95.00	-								
PICKENS	Blue Cross Blue Shield Healthcare Plar of Georgia	SmartValue Classic							\$9.00	-								
		SmartValue Plus							\$11.00	\$6.00				•			88	•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-013				•			\$43.00	\$30.89	•			•			97	•
		HumanaChoicePPO PPO R5826-017		ļ	•	 	<u> </u>		\$50.00		ļ	ļ						
		HumanaChoicePPO PPO R5826-031			•		<u> </u>		\$86.00	\$21.32	ļ	•					97	•
	1 0 1 1 1 1	HumanaChoicePPO PPO R5826-004			•	 	 		\$97.00	\$32.47	•	ļ		•			97	•
l	InStil Health Insurance Company	InStil InChoice Option I - Regional			•	 	1		\$12.00	-	1	1	1				00	
		InStil InChoice Option I - Regional		1	•	 	1		\$47.00	\$35.28	•	 		•		-	96	•
-	+	InStil InChoice Option II - Regional InStil InChoice Option II - Regional			•		-		\$60.00 \$102.00	- \$41.87	 	 	1	_			96	
-	SecureHorizons Direct	SecureHorizons Direct Plan 4		1	•		<u> </u>		\$102.00 \$25.00	\$41.87	•	 		•	•		96	•
 	Geogramonzons Direct	SecureHorizons Direct Plan 4 SecureHorizons Direct Premier Plan 100				•	1		\$25.00	-	 	 	1	-		-		
PIERCE	Humana Insurance Company	HumanaChoicePPO PPO R5826-017			•		 		\$50.00	-	1	1	1			-		
· ALINOL	amana modrance Company	Humana Gold Choice PFFS H1804-014			•		 		\$63.00	\$30.89		 				-	97	•
		HumanaChoicePPO PPO R5826-031			•		 		\$86.00	\$21.32	⊢ •	•					97	•
	+	HumanaChoicePPO PPO R5826-004	-	 	•	 	 	-	\$97.00	\$32.47	•	⊢ •	1	•			97	•
	InStil Health Insurance Company	InStil InChoice Option I - Regional			•	 	t		\$12.00	- 402.77	t	!		<u> </u>			J1	<u> </u>
		InStil InChoice Option I - Regional			•		1		\$47.00	\$35.28	•	1	1				96	
	<u> </u>	InStil InChoice Option II - Regional			•		1		\$60.00	-		1	1					

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	contracts/plans approved as	Description						9			Cost		-,			erage		Convenience
		·	M		ype of Advantage	Plan					D	rug Deduc	tible		Coverage	Additional Offered in verage Gap		
County	Organization Name	Plan Name	нмо	Local PPO	Regional PPO	Private Fee-for- Service		Demo	Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Zero	Reduced	Standard (\$250)	Includes Tiered Copay- ments for Drugs	Generics Only	Generics and Brands	Number of Top 100 Drugs on Formulary	Mail Order Offered
County	Blue Cross Blue Shield Healthcare Plan		111110		110	OCI VICE	1 IGH	1 Iuii	1 Territarii)	1 Telliani	20.0	11000000	(\$200)	Drugs	O.i.y	Brando	Tormulary	Oncica
PIKE	of Georgia	SmartValue Classic				•			\$9.00	-								
		SmartValue Plus							\$11.00	\$6.00			_				88	i . l
-	Humana Insurance Company	Humana Gold Choice PFFS H1804-006				- :-			\$0.00	\$0.00	•		•	<u> </u>			97	
	Tramana mourance company	HumanaChoicePPO PPO R5826-017			•				\$50.00	φο.σσ	1			•			- 57	<u> </u>
		HumanaChoicePPO PPO R5826-031			•				\$86.00	\$21.32		•					97	•
		HumanaChoicePPO PPO R5826-004			•				\$97.00	\$32.47	•			•			97	•
	InStil Health Insurance Company	InStil InChoice Option I - Regional			•				\$12.00	-								
		InStil InChoice Option I - Regional			•				\$47.00	\$35.28	•			•			96	•
		InStil InChoice Option II - Regional		<u> </u>	•	<u> </u>			\$60.00		<u> </u>				<u> </u>			ldot
ļ	O Disc	InStil InChoice Option II - Regional		ļ	•	ļ	-		\$102.00	\$41.87	•			•	•		96	•
	SecureHorizons Direct	SecureHorizons Direct Plan 1		-		•			\$0.00 \$85.00	-		-						\vdash
POLK	Humana Insurance Company	SecureHorizons Direct Premier Plan 200 HumanaChoicePPO PPO R5826-017	-	<u> </u>		· •	-		\$85.00 \$50.00	-					<u> </u>			
FOLK	Humana insurance Company	Humana Gold Choice PFFS H1804-014			•				\$63.00	\$30.89					1		97	
		HumanaChoicePPO PPO R5826-031			•	<u> </u>			\$86.00	\$21.32	•	•		•			97	•
		HumanaChoicePPO PPO R5826-004			•				\$97.00	\$32.47	•			•			97	•
	InStil Health Insurance Company	InStil InChoice Option I - Regional			•				\$12.00	-							Ü.	
		InStil InChoice Option I - Regional			•				\$47.00	\$35.28	•			•			96	•
		InStil InChoice Option II - Regional			•				\$60.00	-								
		InStil InChoice Option II - Regional			•				\$102.00	\$41.87	•			•	•		96	•
PULASKI	Humana Insurance Company	HumanaChoicePPO PPO R5826-017			•				\$50.00	-								
		Humana Gold Choice PFFS H1804-014				•			\$63.00	\$30.89	•			•			97	•
		HumanaChoicePPO PPO R5826-031			•				\$86.00	\$21.32		•					97	•
	In Orli I I and the Innovation of Community	HumanaChoicePPO PPO R5826-004			•				\$97.00 \$12.00	\$32.47	•			•	<u> </u>		97	•
-	InStil Health Insurance Company	InStil InChoice Option I - Regional InStil InChoice Option I - Regional			•	1			\$47.00	\$35.28	•			•	1		96	
		InStil InChoice Option II - Regional			•				\$60.00	φ33.26 -	•			•			90	
		InStil InChoice Option II - Regional			•				\$102.00	\$41.87	•			•			96	
PUTNAM	Humana Insurance Company	HumanaChoicePPO PPO R5826-017			•				\$50.00	-								
		Humana Gold Choice PFFS H1804-014				•			\$63.00	\$30.89	•			•			97	•
		HumanaChoicePPO PPO R5826-031			•				\$86.00	\$21.32		•					97	•
		HumanaChoicePPO PPO R5826-004			•				\$97.00	\$32.47	•			•			97	•
	InStil Health Insurance Company	InStil InChoice Option I - Regional			•				\$12.00	-								1
		InStil InChoice Option I - Regional			•				\$47.00	\$35.28	•			•			96	•
		InStil InChoice Option II - Regional		-	•				\$60.00	644.07		-					00	\vdash
-	Blue Cross Blue Shield Healthcare Plan	InStil InChoice Option II - Regional	-	 	•	1	-		\$102.00	\$41.87	•	 		•	•	1	96	•
QUITMAN	of Georgia	SmartValue Classic				•			\$9.00	-								
		SmartValue Plus							\$11.00	\$6.00				•			88	
	Humana Insurance Company	Humana Gold Choice PFFS H1804-006		l		•			\$0.00	\$0.00	•			•			97	•
	. ,	HumanaChoicePPO PPO R5826-017			•				\$50.00									
		HumanaChoicePPO PPO R5826-031			•				\$86.00	\$21.32		•					97	•
		HumanaChoicePPO PPO R5826-004			•				\$97.00	\$32.47	•			•			97	•
	InStil Health Insurance Company	InStil InCare				•			\$0.00	-								
		InStil InChoice Option I - Regional			•	ļ			\$12.00	-	ļ				ļ			
ļ		InStil InChoice Option I - Regional		ļ	•	ļ	-		\$47.00	\$35.28	•			•	ļ		96	•
-		InStil InChoice Option II - Regional		<u> </u>	•	<u> </u>		<u> </u>	\$60.00	644.07	1	<u> </u>			<u> </u>			\vdash
	Conural levimone Divert	InStil InChoice Option II - Regional		-	•				\$102.00 \$0.00	\$41.87	•	-		•	•		96	•
-	SecureHorizons Direct	SecureHorizons Direct Plan 1		 		•				-	 	 			 		-	
L		SecureHorizons Direct Premier Plan 200		L		•			\$85.00	-	1		1		<u> </u>	1	l	

* The beneficiary total premium for Medicare Advantage, Cost Plans and Demonstrations covers Medicare medical and hospital benefits, and prescription drug benefits and supplemental benefits, where offered. The beneficiary drug premium is the portion of the total premium that covers prescription drugs only; plan premiums vary for these benefits. Beneficiaries generally are also responsible for the Part B premium.

Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

County Organization Name Plan Name			Description Description						J			Cost					erage		Convenience
County C				Me			Plan					D	rug Deduc	tible		Coverage	Offered in		
Humana Goad Cooley FFE H1854-014	County			нмо		PPO	Fee-for-			Total Premium* (Including Drug Premium)	Drug Premium*	Zero	Reduced		Tiered Copay- ments for		and	Top 100 Drugs on	Mail Order Offered
HumanicRoscorePD/PD/ PRO RESER 631 \$86.00 \$87.00 \$32.47 \$97.00 \$32.47 \$97.00 \$32.47 \$97.00 \$32.47 \$97.00	RABUN	Humana Insurance Company				•												07	
No. No.							•					•			•				:
MSH Health finurance Company MSH Infinite Country MSH Infinite		+	HumanaChoicePPO PPO R5826-004										•						•
MSI InChara Coption Regional		InStil Health Insurance Company									φ02.+1	•			,			- 51	
RANDOLPH Rumana Insurance Company Reference (Price of Higher) Regional Reference (Price of Higher) Regional Regional Regional Reference (Price of Higher) Regional Re											\$35.28	•			•			96	•
MANDOLPH											-								
HumanaChoosPPO PRO R5556 017						•				\$102.00	\$41.87	•			•	•		96	•
HumanichorePRO PRO RESER 031 \$86.00 \$21.52 \$97 \$97 \$95	RANDOLPH	Humana Insurance Company					•				\$0.00	•			•			97	•
InSil Health Insurance Company Insurance Company Insurance Company																			ı
InSil Health Insurance Company MSI InChaine Option - Regional													•						•
Initial Inchoice Option Regional	<u> </u>	la Orii I I aalib laassa		ļ							\$32.47	•			•			97	•
Initial functions (price File F		InStil Health Insurance Company						-			-								
Blue Cross Blue Sheld Healthcare Plar Smart/Alur Classic Smart/Alur Classic Smart/Alur Classic Smart/Alur Plus Smart/Alur Classic Smart/Alur Plus Smart/Alur Classic Smart/Alur Plus Sti 1,00 Sp.00 Sp		+		l				-	-		\$35.28	•			•	-		96	•
RCHMOND Sure Organia Sure Orga	<u> </u>	+		-				 			\$41.87	-						ge.	•
SecureHorizons Direct SecureHorizons Direct Piers Handle Complete RX Secure Horizons Direct Secure Horizons Direct Residue Piers Secure Horizons Direct Piers Handle Residue Piers Secure Piers Piers Secure Piers Piers Secure Piers Piers Secure Piers Piers Secure Piers Piers Secure Piers Piers Secure Piers Piers Secure Piers Piers Secure Piers Piers Secure Piers Piers Secure Piers Piers Secure Piers Piers Secure Piers Piers Secure Piers Piers Secure Piers Piers Secure Piers Piers Secure Piers Piers Secure Piers Pie	-	Blue Cross Blue Shield Healthcare Plan	Instit inchoice Option it - Regional			•				\$102.00	φ41.07	·			•	•		90	
Humana Insurance Company Humana Gold Choice PFFS H1804-006 \$0.00	RICHMOND		SmartValue Classic				•			\$9.00	-								<u> </u>
Humana Insurance Company Humana Gold Choice PFFS H1804-006 \$0.00			SmartValue Plus							\$11.00	\$6.00							88	
HumanaChoicePPO PPO R5826-017		Humana Insurance Company					•					•							•
InStil Health Insurance Company		, , , , , , , , , , , , , , , , , , , ,				•													
InStil InChoice Option Regional			HumanaChoicePPO PPO R5826-031			•				\$86.00	\$21.32		•					97	•
InStill InChaice - Option											\$32.47	•			•			97	•
InStit InChaice Option Regional		InStil Health Insurance Company				•					-								ı
InStil InChoice Option Regional					•						-								
InStil InChoice Option Fegional							•												
InStil InChoice Option II - Regional \$80.00 \$70.00						•													•
InStill InChoice Option II					•							•			•			96	•
InStil InChoice Option II - Regional						•													
SecureHorizons Direct SecureHorizons Direct Plan 1 Signal SecureHorizons Direct Plan 1 Signal SecureHorizons Direct Plan 1 Signal SecureHorizons Direct Plan 1 Signal SecureHorizons Direct Plan 200 Signal					· •													06	
SecureHorizons Direct SecureHorizons Direct Plan 1 Sound Sound SecureHorizons Direct Premier Plan 200 SecureHorizons Direct Premier Plan 200 SecureHorizons Direct Premier Plan 200 SecureHorizons Direct Premier Plan 200 SecureHorizons Direct Plan 1 SecureHorizons Direct Plan 200 SecureHorizons Direct Plan 200 SecureHorizons Direct Plan 200 SecureHorizons Direct Plan 3 Secur		+			_	•													•
SecureHorizons Direct Premier Plan 200 Sterling Option Sterl		SecureHorizons Direct													-	_ •		30	
Sterling Option Sterling O		Cood of for Earlie Birock									-								
United Healthcare Of Georgia, Inc. UnitedHealthcare Medicare Complete Rx S0.00		Sterling Option I					•				-								
UnitedHealthcare Medicare Complete \$0.00 -			UnitedHealthcare Medicare Complete Rx	•							\$0.00	•			•			97	•
Blue Cross Blue Shield Healthcare Plan of Georgia SecureCare Sec				•							-								
ROCKDALE of Georgia SecureCare Secur			Evercare Plan DH-ES	•						\$18.61	\$18.61	•			•			97	•
Humana Insurance Company	ROCKDALE		SecureCare	•						\$20.97	\$20.97			•				88	•
HumanaChoicePPO PPO R5826-017 • \$50.00 -												•							
HumanaChoicePPO PPO R5826-031 • \$86.00 \$21.32 • 97		Humana Insurance Company					•				\$30.89	•			•			97	•
HumanaChoicePPO PPO R5826-004 • \$97.00 \$32.47 • • 97				<u> </u>							-				ļ				ı
InStil Health Insurance Company													•		ļ				•
InStil InChoice Option I - Regional • \$47.00 \$35.28 • • 96	———	In Ctil I Inglish Inguis-		<u> </u>					<u> </u>		\$32.47	•	ļ		· •	<u> </u>		97	•
InStil InChoice Option II - Regional • \$60.00 -	 	inoul Health Insurance Company						-			- 025.20				-			06	
InSill InChoice Option II - Regional \$102.00 \$41.87 • • • 96	-			<u> </u>					-			<u> </u>			•			96	•
SecureHorizons Direct SecureHorizons Direct Plan 3 • \$0.00 - SecureHorizons Direct Premier Plan 200 • \$85.00 -		+		1												-		96	
SecureHorizons Direct Premier Plan 200 • \$85.00 -		SecureHorizons Direct		l		•						<u> </u>			-	<u> </u>		30	
		CCCC.C/ IOIIZOIIO DIICOL		l										1	 				$\overline{}$
		Sterling Option I		1											1				1
United Healthcare Insurance Company Evercare Plan IP • \$27.13 \$27.13 • 97																		97	

* The beneficiary total premium for Medicare Advantage, Cost Plans and Demonstrations covers Medicare medical and hospital benefits, and prescription drug benefits and supplemental benefits, where offered. The beneficiary drug premium is the portion of the total premium that covers prescription drugs only; plan premiums vary for these benefits. Beneficiaries generally are also responsible for the Part B premium.

Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

	ontracts/plans approved as	Description						J	,	1 - 71	Cost		, -			erage		Convenience
			Ме		ype of Advantage	Plan					D	rug Deduc	tible		Coverage	Additional Offered in verage Gap		
								Demo			_		Standard	Includes Tiered Copay- ments for	Generics	Generics and	Number of Top 100 Drugs on	Mail Order
County	Organization Name	Plan Name	НМО	PPO	PPO	Service	Plan	Plan	Premium)	Premium*	Zero	Reduced	(\$250)	Drugs	Only	Brands	Formulary	Offered
SCHLEY	Humana Insurance Company	HumanaChoicePPO PPO R5826-017			•				\$50.00	-							07	
		Humana Gold Choice PFFS H1804-014 HumanaChoicePPO PPO R5826-031				•			\$63.00	\$30.89	•	ļ		•			97	•
		HumanaChoicePPO PPO R5826-004	1	<u> </u>	•	1		-	\$86.00 \$97.00	\$21.32 \$32.47		•		•			97 97	•
	InStil Health Insurance Company	InStil InChoice Option I - Regional			•				\$12.00	φ32.47	+ · ·	1		•			31	•
	inour realth insurance company	InStil InChoice Option I - Regional			•				\$47.00	\$35.28		1					96	•
		InStil InChoice Option II - Regional			•				\$60.00	ψ33.20 -	+ <u> </u>	1					30	·
		InStil InChoice Option II - Regional	 	<u> </u>	•			-	\$102.00	\$41.87	•	<u> </u>		•			96	•
SCREVEN	Humana Insurance Company	HumanaChoicePPO PPO R5826-017	 	 	•	 			\$50.00	\$41.07		 		•	·		30	<u> </u>
COINEVEIN		Humana Gold Choice PFFS H1804-014	 	 	⊢ •	•			\$63.00	\$30.89		 		•			97	•
		HumanaChoicePPO PPO R5826-031	1	1	•	† -			\$86.00	\$21.32	† -	•					97	•
		HumanaChoicePPO PPO R5826-004			•	1			\$97.00	\$32.47	•	1		•			97	•
	InStil Health Insurance Company	InStil InChoice Option I - Regional	1		•				\$12.00	-		1					0.	
		InStil InChoice Option I - Regional			•				\$47.00	\$35.28	•			•			96	•
		InStil InChoice Option II - Regional			•				\$60.00	-								
		InStil InChoice Option II - Regional			•				\$102.00	\$41.87	•			•	•		96	•
	Sterling Option I	Sterling Option I				•			\$9.00	-								
SEMINOLE	Humana Insurance Company	Humana Gold Choice PFFS H1804-006				•			\$0.00	\$0.00	•	1		•			97	•
	. ,	HumanaChoicePPO PPO R5826-017			•				\$50.00	-								
		HumanaChoicePPO PPO R5826-031			•				\$86.00	\$21.32		•					97	•
		HumanaChoicePPO PPO R5826-004			•				\$97.00	\$32.47	•	Ī		•			97	•
	InStil Health Insurance Company	InStil InChoice Option I - Regional			•				\$12.00	-		1						
		InStil InChoice Option I - Regional			•				\$47.00	\$35.28	•	Ī		•			96	•
		InStil InChoice Option II - Regional			•				\$60.00	-		Ī						
		InStil InChoice Option II - Regional			•				\$102.00	\$41.87	•			•	•		96	•
SPALDING	Humana Insurance Company	Humana Gold Choice PFFS H1804-013				•			\$43.00	\$30.89	•			•			97	•
		HumanaChoicePPO PPO R5826-017			•				\$50.00	-								
		HumanaChoicePPO PPO R5826-031			•				\$86.00	\$21.32		•					97	•
		HumanaChoicePPO PPO R5826-004			•				\$97.00	\$32.47	•			•			97	•
	InStil Health Insurance Company	InStil InChoice Option I - Regional			•				\$12.00	-								
		InStil InChoice Option I - Regional			•				\$47.00	\$35.28	•			•			96	•
		InStil InChoice Option II - Regional			•				\$60.00	-								
		InStil InChoice Option II - Regional			•				\$102.00	\$41.87	•			•	•		96	•
	SecureHorizons Direct	SecureHorizons Direct Plan 4				•			\$25.00	-								
		SecureHorizons Direct Premier Plan 100	ļ	ļ		•	L		\$95.00	-	1	ļ						
	United Healthcare Insurance Company	Evercare Plan IP							\$27.13	\$27.13	•			•			97	•
	Blue Cross Blue Shield Healthcare Plan																	
STEPHENS	of Georgia	SmartValue Classic				•			\$9.00	-								
		SmartValue Plus				•			\$11.00	\$6.00			•	•			88	•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-013				•			\$43.00	\$30.89	•			•			97	•
		HumanaChoicePPO PPO R5826-017			•				\$50.00	-								
		HumanaChoicePPO PPO R5826-031			•				\$86.00	\$21.32		•					97	•
		HumanaChoicePPO PPO R5826-004			•				\$97.00	\$32.47	•			•			97	•
	InStil Health Insurance Company	InStil InChoice Option I - Regional			•				\$12.00	-								
		InStil InCare				•			\$30.00	-								
		InStil InChoice Option I - Regional			•				\$47.00	\$35.28	•			•			96	•
		InStil InChoice Option II - Regional			•				\$60.00	-								
		InStil InChoice Option II - Regional			•				\$102.00	\$41.87	•			•	•		96	•
	SecureHorizons Direct	SecureHorizons Direct Plan 3				•			\$0.00	-								
		SecureHorizons Direct Premier Plan 200	1	1	1	•	1	1	\$85.00		1	1						I

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		Description Description									Cost					erage		Convenience
			Me		ype of Advantage	Plan					D	Prug Deduct	iible		Coverage	Additional e Offered in verage Gap		
					Regional			Demo					Standard	Includes Tiered Copay- ments for	Generics		Number of Top 100 Drugs on	Mail Order
County	Organization Name Blue Cross Blue Shield Healthcare Plan	Plan Name	НМО	PPO	PPO	Service	Plan	Plan	Premium)	Premium*	Zero	Reduced	(\$250)	Drugs	Only	Brands	Formulary	Offered
STEWART	of Georgia	SmartValue Classic				١.			\$29.00	_							·	
OTEWATE	or Georgia	omartvaide olassie		 			-		Ψ25.00			+	 			\vdash		
		SmartValue Plus		1		•			\$34.00	\$21.76			•	•		'	88	•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-006	1	T 1		•			\$0.00	\$0.00	•	1		•			97	•
		HumanaChoicePPO PPO R5826-017			•				\$50.00	-		Ī				7	1	
		HumanaChoicePPO PPO R5826-031	<u> </u>	T 1	•				\$86.00	\$21.32		•					97	•
		HumanaChoicePPO PPO R5826-004			•				\$97.00	\$32.47	•			•			97	•
		InStil InCare				•			\$0.00	-								
		InStil InChoice Option I - Regional			•				\$12.00	-								
		InStil InChoice Option I - Regional			•				\$47.00	\$35.28	•			•			96	•
		InStil InChoice Option II - Regional			•				\$60.00	-		Ī				7	1	
		InStil InChoice Option II - Regional			•				\$102.00	\$41.87	•			•	•		96	•
	SecureHorizons Direct	SecureHorizons Direct Plan 4				•			\$25.00	-		Ī				7	1	
		SecureHorizons Direct Premier Plan 200				•			\$85.00	-		Ī				7	1	
	Blue Cross Blue Shield Healthcare Plan											Ī				7	1	
SUMTER	of Georgia	SmartValue Classic		,		•			\$29.00	-						'		
			<u> </u>	T 1														
		SmartValue Plus		,		•			\$34.00	\$21.76			•	•		'	88	•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-006				•			\$0.00	\$0.00	•			•		T	97	•
		HumanaChoicePPO PPO R5826-017			•				\$50.00	-	1	1						
		HumanaChoicePPO PPO R5826-031			•				\$86.00	\$21.32	1	•				†	97	•
		HumanaChoicePPO PPO R5826-004			•				\$97.00	\$32.47	•			•		T	97	•
	InStil Health Insurance Company	InStil InChoice Option I - Regional			•				\$12.00	-	1	1						
		InStil InChoice Option I - Regional			•				\$47.00	\$35.28	•	Ī		•		7	96	•
		InStil InChoice Option II - Regional			•				\$60.00	-	1	1						
		InStil InChoice Option II - Regional			•				\$102.00	\$41.87	•	†		•	•	†	96	•
	SecureHorizons Direct	SecureHorizons Direct Plan 3				•			\$0.00	-	1	1			1	,		
		SecureHorizons Direct Premier Plan 200				•			\$85.00	-	1	†				†		
	Blue Cross Blue Shield Healthcare Plan										1	1			1	,		
TALBOT	of Georgia	SecureCare	•	,					\$20.97	\$20.97			•			'	88	•
	Ť										1	†				†		
		BlueValue Secure		1					\$21.00	\$21.00	•			•			88	•
											1	1						
		SmartValue Classic		,		•			\$29.00	-						'		
											1	1						
		SmartValue Plus		1		•			\$34.00	\$21.76			•	•			88	•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-006				•			\$0.00	\$0.00	•	1		•			97	•
		HumanaChoicePPO PPO R5826-017			•				\$50.00	-	1	1						
		HumanaChoicePPO PPO R5826-031		T 1	•				\$86.00	\$21.32		•					97	•
		HumanaChoicePPO PPO R5826-004			•				\$97.00	\$32.47	•			•			97	•
	InStil Health Insurance Company	InStil InCare				•			\$0.00	-								
		InStil InChoice - Option I		•					\$0.00	\$0.00	•			•			96	•
		InStil InChoice - Option II	†	•					\$11.00	-						1		
		InStil InChoice Option I - Regional	†		•				\$12.00	-						1		
	İ	InStil InChoice Option I - Regional			•	1	\Box	1	\$47.00	\$35.28	•	1		•	1	T	96	•
		InStil InChoice - Option II		•		l		1	\$53.00	\$41.64	•	1		•	•		96	•
		InStil InChoice Option II - Regional		├	•	l		1	\$60.00	-	1	1			1			
		InStil InChoice Option II - Regional		\vdash	•	1			\$102.00	\$41.87		 		•			96	•
	SecureHorizons Direct	SecureHorizons Direct Plan 3				•			\$0.00	-								

* The beneficiary total premium for Medicare Advantage, Cost Plans and Demonstrations covers Medicare medical and hospital benefits, and prescription drug benefits and supplemental benefits, where offered. The beneficiary drug premium is the portion of the total premium that covers prescription drugs only; plan premiums vary for these benefits. Beneficiaries generally are also responsible for the Part B premium.

Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

		Description Description						3	-, -	1 - 71	Cost					erage		Convenience
			M		ype of Advantage	Plan					D	rug Deduc	tible		Coverage	Additional Offered in verage Gap		
								Demo			7	Dadward	Standard	Includes Tiered Copay- ments for	Generics	Generics and	Number of Top 100 Drugs on	Mail Order
County	Organization Name Blue Cross Blue Shield Healthcare Plan	Plan Name	НМО	PPO	PPO	Service	Plan	Plan	Premium)	Premium*	Zero	Reduced	(\$250)	Drugs	Only	Brands	Formulary	Offered
TALIAFERRO	of Georgia	SmartValue Classic				•			\$29.00	-								
		SmartValue Plus							\$34.00	\$21.76							88	
	Humana Insurance Company	HumanaChoicePPO PPO R5826-017			•				\$50.00	φ21.70			_				- 00	
		Humana Gold Choice PFFS H1804-014				•			\$63.00	\$30.89	•			•			97	•
		HumanaChoicePPO PPO R5826-031			•				\$86.00	\$21.32							97	•
		HumanaChoicePPO PPO R5826-004			•				\$97.00	\$32.47	•			•			97	•
	InStil Health Insurance Company	InStil InChoice Option I - Regional			•				\$12.00	-								
		InStil InChoice - Option I		•					\$22.00	-								
		InStil InCare				•			\$30.00	-								
		InStil InChoice Option I - Regional			•				\$47.00	\$35.28	•			•			96	•
		InStil InChoice - Option I		•					\$58.00	\$35.73	•			•			96	•
		InStil InChoice Option II - Regional			•				\$60.00	-								
		InStil InChoice - Option II		•					\$70.00	- 07							00	
		InStil InChoice Option II - Regional			•				\$102.00	\$41.87	•			•	•		96	•
	SecureHorizons Direct	InStil InChoice - Option II SecureHorizons Direct Plan 4	1	•				-	\$113.00 \$25.00	\$43.38	•			•	•		96	•
	Secure Horizons Direct	SecureHorizons Direct Premier Plan 200				<u> </u>			\$85.00	-								
	Sterling Option I	Sterling Option I				- : -			\$9.00	-								
TATTNALL	Humana Insurance Company	HumanaChoicePPO PPO R5826-017	 		•	l i		-	\$50.00	-	1							
TATTIONEE	Transarance company	Humana Gold Choice PFFS H1804-014				•			\$63.00	\$30.89	•			•			97	•
		HumanaChoicePPO PPO R5826-031							\$86.00	\$21.32							97	•
		HumanaChoicePPO PPO R5826-004			•				\$97.00	\$32.47	•			•			97	•
	InStil Health Insurance Company	InStil InChoice Option I - Regional			•				\$12.00	-								
		InStil InChoice Option I - Regional			•				\$47.00	\$35.28	•			•			96	•
		InStil InChoice Option II - Regional			•				\$60.00	-								
		InStil InChoice Option II - Regional			•				\$102.00	\$41.87	•			•	•		96	•
	SecureHorizons Direct	SecureHorizons Direct Plan 4				•			\$25.00	-								
		SecureHorizons Direct Premier Plan 100				•			\$95.00	-								
	Blue Cross Blue Shield Healthcare Plan																	
TAYLOR	of Georgia	SmartValue Classic				•			\$9.00	-								
		SmartValue Plus				•			\$11.00	\$6.00			•	•			88	•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-006				•			\$0.00	\$0.00	•			•			97	•
		HumanaChoicePPO PPO R5826-017			•				\$50.00	-								
		HumanaChoicePPO PPO R5826-031			•				\$86.00	\$21.32		•					97	•
		HumanaChoicePPO PPO R5826-004			•				\$97.00	\$32.47	•			•			97	•
	InStil Health Insurance Company	InStil InChoice Option I - Regional			•		-		\$12.00	-	ļ							
<u> </u>	+	InStil InChoice Option I - Regional	<u> </u>		•	<u> </u>	-		\$47.00	\$35.28	•			•	ļ		96	•
	+	InStil InChoice Option II - Regional	-	-	•	-	-		\$60.00	- 044.07	<u> </u>	-		ļ			06	
	SecureHorizons Direct	InStil InChoice Option II - Regional	 	 	•	 			\$102.00	\$41.87	•	 		•	•		96	•
	Secure/10/120/18 Direct	SecureHorizons Direct Plan 3 SecureHorizons Direct Premier Plan 200	 	 		•			\$0.00 \$85.00	-	 	 			 		-	
TELFAIR	Humana Insurance Company	HumanaChoicePPO PPO R5826-017	1	1	•	<u> </u>			\$85.00 \$50.00	-	1	1		1	1		1	
ILLEAIN	Fiumana insurance Company	Humana Gold Choice PFFS H1804-014	1	 	•	- .			\$63.00	\$30.89	•	1		•	1		97	•
	+	HumanaChoicePPO PPO R5826-031	 	1	•				\$86.00	\$21.32	-	•	 	•	 		97	- :
	+	HumanaChoicePPO PPO R5826-004	 	 	•	 			\$97.00	\$32.47	•			•	 		97	•
	InStil Health Insurance Company	InStil InChoice Option I - Regional	1	1	•	1			\$12.00	ΨΟΣ7	l -	1		<u> </u>	1		J,	
		InStil InChoice Option I - Regional			•	†			\$47.00	\$35.28	•	†	1	•	1		96	•
	1	InStil InChoice Option II - Regional	1		•				\$60.00	-	<u> </u>			_			- 55	-
	1	InStil InChoice Option II - Regional			•				\$102.00	\$41.87	•			•	•		96	•
					1				· · · · · · · · · · · · · · · · · · ·									

* The beneficiary total premium for Medicare Advantage, Cost Plans and Demonstrations covers Medicare medical and hospital benefits, and prescription drug benefits and supplemental benefits, where offered. The beneficiary drug premium is the portion of the total premium that covers prescription drugs only; plan premiums vary for these benefits. Beneficiaries generally are also responsible for the Part B premium.

Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

	contracts/plans approved as	Description									Cost		,			erage		Convenience
			M		ype of Advantage	Plan					D	rug Deduc	tible		Coverage	Additional Offered in verage Gap		
County	Organization Name	Plan Name	нмо	Local PPO	Regional PPO	Private Fee-for- Service		Demo	Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Zero	Reduced	Standard (\$250)	Includes Tiered Copay- ments for Drugs	Generics Only	Generics and Brands	Number of Top 100 Drugs on Formulary	Mail Order Offered
TERRELL	Humana Insurance Company	Humana Gold Choice PFFS H1804-006	HIVIO	FFO	FFU	• Service	Fiaii	Flaii	\$0.00	\$0.00	<u>∠610</u>	Reduced	(\$250)	• Drugs	Offity	Dianus	97	onereu
TETTTEE	Tramana modranos company	HumanaChoicePPO PPO R5826-017			•		1		\$50.00	-		1		-	1		<u> </u>	-
		HumanaChoicePPO PPO R5826-031			•				\$86.00	\$21.32		•					97	•
		HumanaChoicePPO PPO R5826-004			•				\$97.00	\$32.47	•			•			97	•
	InStil Health Insurance Company	InStil InChoice Option I - Regional			•				\$12.00	-								
		InStil InChoice Option I - Regional			•				\$47.00	\$35.28	•			•			96	•
		InStil InChoice Option II - Regional			•				\$60.00	-								
		InStil InChoice Option II - Regional			•				\$102.00	\$41.87	•			•	•		96	•
THOMAS	Humana Insurance Company	Humana Gold Choice PFFS H1804-006				•			\$0.00	\$0.00	•			•			97	•
		HumanaChoicePPO PPO R5826-017			•				\$50.00	-								
		HumanaChoicePPO PPO R5826-031			٠				\$86.00	\$21.32		•					97	•
		HumanaChoicePPO PPO R5826-004			•				\$97.00	\$32.47	•			•			97	•
	InStil Health Insurance Company	InStil InChoice Option I - Regional			•		<u> </u>		\$12.00	-		ļ			<u> </u>			
		InStil InChoice Option I - Regional			•				\$47.00	\$35.28	•			•			96	•
		InStil InChoice Option II - Regional			•				\$60.00	-								
	- II : B: :	InStil InChoice Option II - Regional			•				\$102.00	\$41.87	•			•	•		96	•
	SecureHorizons Direct	SecureHorizons Direct Plan 4 SecureHorizons Direct Premier Plan 200		-		•	-	-	\$25.00	-					ļ			
	Blue Cross Blue Shield Healthcare Plar	SecureHorizons Direct Premier Plan 200		-		•	-	-	\$85.00	-					ļ			
TIFT	of Georgia	SmartValue Classic				•			\$29.00	-								
		SmartValue Plus							\$34.00	\$21.76							88	_
	Humana Insurance Company	Humana Gold Choice PFFS H1804-013				<u> </u>			\$43.00	\$30.89		1	•	-	1		97	- : -
	Tidinaria irisdiarice Company	HumanaChoicePPO PPO R5826-017				•			\$50.00	\$30.69 -	+ · ·	1		•	1		91	•
		HumanaChoicePPO PPO R5826-031			·				\$86.00	\$21.32		•					97	
		HumanaChoicePPO PPO R5826-004			•		1		\$97.00	\$32.47		1			1		97	•
	InStil Health Insurance Company	InStil InChoice Option I - Regional	1				-		\$12.00	-		1						
		InStil InChoice Option I - Regional			•				\$47.00	\$35.28	•			•			96	•
		InStil InChoice Option II - Regional			•				\$60.00	-		ì						
		InStil InChoice Option II - Regional			•				\$102.00	\$41.87	•			•	•		96	•
	SecureHorizons Direct	SecureHorizons Direct Plan 2				•			\$0.00	-		1						
		SecureHorizons Direct Premier Plan 200				•			\$85.00	-								
TOOMBS	Humana Insurance Company	HumanaChoicePPO PPO R5826-017			•				\$50.00	-								
		Humana Gold Choice PFFS H1804-014				•			\$63.00	\$30.89	•			•			97	•
		HumanaChoicePPO PPO R5826-031			•				\$86.00	\$21.32		•					97	•
		HumanaChoicePPO PPO R5826-004			٠				\$97.00	\$32.47	•			•			97	•
	InStil Health Insurance Company	InStil InChoice Option I - Regional	ļ	ļ	•	 	<u> </u>		\$12.00	-	1	ļ				ļ		
		InStil InChoice Option I - Regional	ļ	ļ	•	 	<u> </u>	 	\$47.00	\$35.28	•	ļ		•	ļ	ļ	96	•
		InStil InChoice Option II - Regional			•				\$60.00	-								
-	Blue Cross Blue Shield Healthcare Plar	InStil InChoice Option II - Regional	ļ		•	 	1	-	\$102.00	\$41.87	•	 		•	•	 	96	•
TOWNS	of Georgia	SmartValue Classic							\$29.00	-								
		SmartValue Plus							\$34.00	\$21.76			•	•			88	•
	Humana Insurance Company	HumanaChoicePPO PPO R5826-017			•				\$50.00	-								
		Humana Gold Choice PFFS H1804-014				•			\$63.00	\$30.89	•			•			97	•
		HumanaChoicePPO PPO R5826-031			•				\$86.00	\$21.32		•					97	•
		HumanaChoicePPO PPO R5826-004			•				\$97.00	\$32.47	•			•			97	•
	InStil Health Insurance Company	InStil InChoice Option I - Regional			•				\$12.00	-								
		InStil InChoice Option I - Regional	<u> </u>	<u> </u>	•	<u> </u>			\$47.00	\$35.28	•	<u> </u>		•	ļ		96	•
		InStil InChoice Option II - Regional			•		<u> </u>		\$60.00			<u> </u>			ļ			
		InStil InChoice Option II - Regional		 	•	 	!		\$102.00	\$41.87	•	ļ		•	•	ļ	96	•
	SecureHorizons Direct	SecureHorizons Direct Plan 4		 		•	!		\$25.00	-	1	ļ			ļ	ļ		
1	i	SecureHorizons Direct Premier Plan 100	1	1	1	•	1		\$95.00	-	1	1			1	<u> </u>		

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	orniacio, piane approved ac	Description								Cost					erage		Convenience
			M		ype of Advantage	Plan				D	rug Deduc	tible		Coverage	Additional Offered in verage Gap		
County	Organization Name	Plan Name	нмо	Local PPO	Regional PPO	Private Fee-for- Service		Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Zero	Reduced	Standard (\$250)	Includes Tiered Copayments for Drugs	Generics Only	Generics and Brands	Number of Top 100 Drugs on Formulary	Mail Order Offered
	Blue Cross Blue Shield Healthcare Plan																
TREUTLEN	of Georgia	SmartValue Classic				•		\$9.00	-								
		SmartValue Plus				•		\$11.00	\$6.00			•	•			88	•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-013				•		\$43.00	\$30.89	•			•			97	•
		HumanaChoicePPO PPO R5826-017	<u> </u>		•			\$50.00	-					<u> </u>			
		HumanaChoicePPO PPO R5826-031	ļ		•			\$86.00	\$21.32		•			ļ	ļ	97	•
		HumanaChoicePPO PPO R5826-004			•			\$97.00	\$32.47	•			•			97	•
	InStil Health Insurance Company	InStil InChoice Option I - Regional			•			\$12.00	-								
		InStil InChoice Option I - Regional			•			\$47.00	\$35.28	•			•			96	•
		InStil InChoice Option II - Regional			•			\$60.00	-								
		InStil InChoice Option II - Regional			•			\$102.00	\$41.87	•			•	•		96	•
	SecureHorizons Direct	SecureHorizons Direct Plan 1				•		\$0.00	-								
	Diversity of the Divers	SecureHorizons Direct Premier Plan 200				•		\$85.00	-								
TROUP	Blue Cross Blue Shield Healthcare Plar of Georgia	SmartValue Classic				•		\$29.00	-								
		SmartValue Plus						\$34.00	\$21.76							88	
	Humana Insurance Company	Humana Gold Choice PFFS H1804-006				•		\$0.00	\$0.00	•			•			97	•
		HumanaChoicePPO PPO R5826-017			•			\$50.00	-								
		HumanaChoicePPO PPO R5826-031			•			\$86.00	\$21.32		•					97	•
		HumanaChoicePPO PPO R5826-004			•			\$97.00	\$32.47	•			•			97	•
	InStil Health Insurance Company	InStil InCare				•		\$0.00	-								
		InStil InChoice Option I - Regional			•			\$12.00	-								
		InStil InChoice Option I - Regional			•			\$47.00	\$35.28	•			•			96	•
		InStil InChoice Option II - Regional			•			\$60.00	-								
		InStil InChoice Option II - Regional			•			\$102.00	\$41.87	•			•	•		96	•
	SecureHorizons Direct	SecureHorizons Direct Plan 3				•		\$0.00	-								
		SecureHorizons Direct Premier Plan 200				•		\$85.00	-								
	Blue Cross Blue Shield Healthcare Plan	1						_									
TURNER	of Georgia	SmartValue Classic				•		\$29.00	-								
		SmartValue Plus				•		\$34.00	\$21.76			•	•	1		88	•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-013				•		\$43.00	\$30.89	•			•			97	•
		HumanaChoicePPO PPO R5826-017			•			\$50.00	-								
		HumanaChoicePPO PPO R5826-031			•			\$86.00	\$21.32		•		İ			97	•
		HumanaChoicePPO PPO R5826-004			•			\$97.00	\$32.47	•			•			97	•
	InStil Health Insurance Company	InStil InChoice Option I - Regional			•			\$12.00	-								
	· ,	InStil InChoice Option I - Regional			•			\$47.00	\$35.28	•			•			96	•
		InStil InChoice Option II - Regional			•			\$60.00	-								
		InStil InChoice Option II - Regional			•			\$102.00	\$41.87	•			•	•		96	•
	SecureHorizons Direct	SecureHorizons Direct Plan 4				•		\$25.00	-					i e			
		SecureHorizons Direct Premier Plan 100				•		\$95.00	-								

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Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

		Description Description						Ū		<u>' ' ' '</u>	Cost		·			erage		Convenience
			M		ype of Advantage	Plan					D	rug Deduc	tible		Coverage	Additional Offered in verage Gap		
County	Organization Name	Plan Name	нмо	Local PPO	Regional PPO	Private Fee-for- Service		Demo Plan	Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Zero	Reduced	Standard (\$250)	Includes Tiered Copay- ments for Drugs	Generics Only	Generics and Brands	Number of Top 100 Drugs on Formulary	Mail Order Offered
	Blue Cross Blue Shield Healthcare Pla																	
TWIGGS	of Georgia	SmartValue Classic				•			\$29.00	-								
		0 111 51								004.70								
	Ukimana Inguranaa Campanii	SmartValue Plus Humana Gold Choice PFFS H1804-013		-		•	-		\$34.00	\$21.76			•	•			88	•
	Humana Insurance Company	HumanaChoicePPO PPO R5826-017		-		•	-		\$43.00 \$50.00	\$30.89	•			•			97	•
					•												07	_
———		HumanaChoicePPO PPO R5826-031 HumanaChoicePPO PPO R5826-004	 	 	•	 	1		\$86.00 \$97.00	\$21.32 \$32.47		•	-		-	-	97 97	•
———	InStil Health Insurance Company	InStil InChoice Option I - Regional	 	 	· ·	 	1		\$97.00	\$32.47	<u> </u>	 	-	•	-	-	9/	
-	mour mealur insurance company	InStil InChoice Option I - Regional	1	1	•	1	 		\$47.00	\$35.28		1	 	•	 	 	96	
-	+	InStil InChoice Option II - Regional	1	1	•	1	1		\$47.00	φ35.26 -	•	1		•	1	1	90	
		InStil InChoice Option II - Regional			-				\$102.00	\$41.87						-	96	
	SecureHorizons Direct	SecureHorizons Direct Plan 4			•	•			\$25.00	φ41.07		1		•	•		90	•
	Securer for izona birect	SecureHorizons Direct Premier Plan 200				•			\$85.00	-	1	1						
	Blue Cross Blue Shield Healthcare Pla					•			\$65.00	-	1	1						
UNION	of Georgia	SmartValue Classic				•			\$9.00	-								
		SmartValue Plus				•			\$11.00	\$6.00			•	•			88	•
	Humana Insurance Company	HumanaChoicePPO PPO R5826-017			•				\$50.00									
		Humana Gold Choice PFFS H1804-014				•			\$63.00	\$30.89	•			•			97	•
		HumanaChoicePPO PPO R5826-031			•				\$86.00	\$21.32	ļ	•					97	•
	In Call I leadth Incurence Company	HumanaChoicePPO PPO R5826-004		-	•		-		\$97.00	\$32.47	•			•			97	•
	InStil Health Insurance Company	InStil InChoice Option I - Regional			•				\$12.00	- \$35.28	ļ						00	
		InStil InChoice Option I - Regional			•				\$47.00		•	ļ		•			96	•
		InStil InChoice Option II - Regional			•				\$60.00	- 044.07		ļ		_			00	_
	O	InStil InChoice Option II - Regional			•				\$102.00	\$41.87	•			•	•		96	•
	SecureHorizons Direct	SecureHorizons Direct Plan 3 SecureHorizons Direct Premier Plan 200				•			\$0.00	-		ļ						
	Blue Cross Blue Shield Healthcare Pla					•			\$85.00	-		ļ						
UPSON	of Georgia	SmartValue Classic				•			\$29.00	-								
		Connect / Column Divine							£24.00	¢04.76			_	_			00	_
	Humana Insurance Company	SmartValue Plus Humana Gold Choice PFFS H1804-006							\$34.00 \$0.00	\$21.76 \$0.00		ļ	•	•			88 97	•
	numana insurance Company	HumanaChoicePPO PPO R5826-017				•			\$50.00	\$0.00	<u> </u>	ļ		•			97	•
		HumanaChoicePPO PPO R5826-031							\$86.00		-					-	07	_
<u> </u>		HumanaChoicePPO PPO R5826-031	 	 	•	 	1		\$86.00	\$21.32 \$32.47		•	-	•	-	-	97 97	•
<u> </u>	InStil Health Insurance Company	InStil InCare	 	 	⊢•	•	1		\$0.00	\$32.47 -	<u> </u>	 	-	•	-	-	91	<u> </u>
-	mour mealur insurance company	InStil InChoice - Option I	1			<u> </u>	 		\$0.00	\$0.00		1	 		 	 	96	
 	+	InStil InChoice - Option II	1	÷		1	 		\$11.00	\$0.00 -		1	 	•	 	 	90	•
1	+	InStil InChoice - Option I - Regional	l		•	 	 		\$12.00	-	 	 	1	1	 	 	1	
-	+	InStil InChoice Option I - Regional	1	1	-	1	 		\$47.00	\$35.28		1	 	•	 	 	96	
 	+	InStil InChoice - Option II	1		<u> </u>	1	 		\$53.00	\$41.64		1	 	•		 	96	- : -
 		InStil InChoice - Option II - Regional	1	•	•	1	1		\$60.00	\$41.04 -	•	1	-	•	•	1	90	<u> </u>
———		InStil InChoice Option II - Regional	 	 	· ·	 	1		\$102.00	\$41.87		 	-	•	•	-	96	
 	SecureHorizons Direct	SecureHorizons Direct Plan 4	 	 	•		 		\$102.00	φ41.01	<u> </u>	 	-	<u> </u>	<u> </u>	 	30	-
———	Occurentizons Direct	SecureHorizons Direct Premier Plan 200	 	 		•	1		\$25.00	-	-	 	-	-	-	-	-	
———		Occure folizons Direct Frentier Plan 200	 	 		<u> </u>	1		φου.υυ	-	-	 	-	-	-	-	-	
	United Healthcare Insurance Company	Evercare Plan IP							\$27.13	\$27.13				•			97	•

* The beneficiary total premium for Medicare Advantage, Cost Plans and Demonstrations covers Medicare medical and hospital benefits, and prescription drug benefits and supplemental benefits, where offered. The beneficiary drug premium is the portion of the total premium that covers prescription drugs only; plan premiums vary for these benefits. Beneficiaries generally are also responsible for the Part B premium.

Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

		Description						<u>J</u>			Cost		-,			erage		Convenience
			М		ype of Advantage	Plan					D	rug Deduc	tible		Type of Coverage	Additional Offered in verage Gap		
County	Organization Name	Plan Name	нмо	Local PPO	Regional PPO	Private Fee-for- Service		Demo Plan	Premium)	Beneficiary Drug Premium*	Zero	Reduced	Standard (\$250)	Includes Tiered Copay- ments for Drugs	Generics Only	Generics and Brands	Number of Top 100 Drugs on Formulary	Mail Order Offered
WALKER	Humana Insurance Company	HumanaChoicePPO PPO R5826-017			•				\$50.00	-								
		Humana Gold Choice PFFS H1804-014				•			\$63.00	\$30.89	•			•			97	•
		HumanaChoicePPO PPO R5826-031			•				\$86.00	\$21.32		•					97	•
		HumanaChoicePPO PPO R5826-004			•				\$97.00	\$32.47	•			•			97	•
	InStil Health Insurance Company	InStil InChoice Option I - Regional			•				\$12.00	-								
	·	InStil InChoice Option I - Regional			•				\$47.00	\$35.28	•			•			96	•
		InStil InChoice Option II - Regional			•				\$60.00	-								
		InStil InChoice Option II - Regional			•				\$102.00	\$41.87	•						96	•
	SecureHorizons Direct	SecureHorizons Direct Plan 4			1	•			\$25.00	-							- 00	
	Occure for zone birect	SecureHorizons Direct Premier Plan 100				•			\$95.00	-					-			
-	Blue Cross Blue Shield Healthcare Pla				1		1	1	ψ33.00	† -				1				\vdash
WALTON	of Georgia	SmartValue Classic				•			\$29.00	-								
		SmartValue Plus				١.			\$34.00	\$21.76							88	
	Humana Insurance Company	Humana Gold Choice PFFS H1804-013			1	-	-		\$43.00	\$30.89		-	•	- :-	-	-	97	- : -
	numana insurance company					•				\$30.69	•			•			97	<u> </u>
		HumanaChoicePPO PPO R5826-017					<u> </u>		\$50.00	-								
		HumanaChoicePPO PPO R5826-031			•		<u> </u>		\$86.00	\$21.32		•					97	•
		HumanaChoicePPO PPO R5826-004			•				\$97.00	\$32.47	•			•			97	•
	InStil Health Insurance Company	InStil InChoice Option I - Regional			•				\$12.00	-								
		InStil InCare				•	<u> </u>		\$30.00	-								
		InStil InChoice Option I - Regional			•				\$47.00	\$35.28	•			•			96	•
		InStil InChoice Option II - Regional			•				\$60.00	-								
		InStil InChoice Option II - Regional			•				\$102.00	\$41.87	•			•	•		96	•
	SecureHorizons Direct	SecureHorizons Direct Plan 3				•			\$0.00	-								
		SecureHorizons Direct Premier Plan 200				•			\$85.00	-								
	Sterling Option I	Sterling Option I				•			\$9.00	-								
WARE	Humana Insurance Company	HumanaChoicePPO PPO R5826-017			•				\$50.00	-								
		Humana Gold Choice PFFS H1804-014				•			\$63.00	\$30.89	•			•			97	•
		HumanaChoicePPO PPO R5826-031			•				\$86.00	\$21.32		•					97	•
		HumanaChoicePPO PPO R5826-004			•				\$97.00	\$32.47	•			•			97	•
	InStil Health Insurance Company	InStil InChoice Option I - Regional			•				\$12.00	-								
		InStil InChoice Option I - Regional			•				\$47.00	\$35.28	•			•			96	•
		InStil InChoice Option II - Regional			•				\$60.00	-								
		InStil InChoice Option II - Regional	1	1	•	i		1	\$102.00	\$41.87	•	1		•	•	İ	96	•
WARREN	Humana Insurance Company	HumanaChoicePPO PPO R5826-017	1	1	•	i		1	\$50.00	-		1			1	İ		
		Humana Gold Choice PFFS H1804-014				•	†		\$63.00	\$30.89				•			97	•
		HumanaChoicePPO PPO R5826-031			•	1	1	1	\$86.00	\$21.32		•		t	1	1	97	•
		HumanaChoicePPO PPO R5826-004			•	1	1	1	\$97.00	\$32.47	•	<u> </u>			1	1	97	•
	InStil Health Insurance Company	InStil InChoice Option I - Regional			•	 	-		\$12.00	φ32.47	<u> </u>	†		i i	 		- J	
	c reality insurance company	InStil InChoice - Option I			<u> </u>	 	-		\$22.00	-		†			 			
-		InStil InChoice Option I - Regional		<u> </u>	•	 	1	1	\$47.00	\$35.28	•						96	
-		InStil InChoice - Option I			<u> </u>	1	1	1	\$58.00	\$35.73	-	1	-	- :	1	1	96	- : -
-		InStil InChoice - Option II - Regional		<u> </u>	-	1	1	1	\$60.00	\$35.73	<u> </u>	1	-	<u> </u>	1	1	90	\vdash
-		InStil InChoice - Option II	-		<u> </u>	 	├	-	\$70.00	-		 			 	 		
-			-	<u> </u>	 	 	├	-	\$102.00	\$41.87		 				 	00	
		InStil InChoice Option II - Regional InStil InChoice - Option II	-		•	-	1	-			•	 		•	•	 	96	•
	Otania a Ontina I			٠	ļ	<u> </u>	├		\$113.00	\$43.38	•		-	•	•		96	•
	Sterling Option I	Sterling Option I			i .	•			\$9.00	-		l				1		

* The beneficiary total premium for Medicare Advantage, Cost Plans and Demonstrations covers Medicare medical and hospital benefits, and prescription drug benefits and supplemental benefits, where offered. The beneficiary drug premium is the portion of the total premium that covers prescription drugs only; plan premiums vary for these benefits. Beneficiaries generally are also responsible for the Part B premium.

Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

		Description Description					9		1 -71	Cost	F				erage		Convenience
		·								_				Type of	Additional		
			Me		ype of Advantage	Plan				D	rug Deduc	tible			Offered in verage Gap		
County	Organization Name	Pian Name	нмо	Local PPO	Regional PPO	Private Fee-for- Service	Demo Plan	Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Zero	Reduced	Standard (\$250)	Includes Tiered Copay- ments for Drugs	Generics Only	Generics and Brands	Number of Top 100 Drugs on Formulary	Mail Order Offered
	Blue Cross Blue Shield Healthcare Plan											,				,	
WASHINGTON	of Georgia	SmartValue Classic				•		\$29.00	-								
		SmartValue Plus				•		\$34.00	\$21.76				•			88	•
	Humana Insurance Company	Humana Gold Choice PFFS H1804-006				•		\$0.00	\$0.00	•			•			97	•
		HumanaChoicePPO PPO R5826-017			•			\$50.00	-								
		HumanaChoicePPO PPO R5826-031			•			\$86.00	\$21.32		•					97	•
		HumanaChoicePPO PPO R5826-004			•			\$97.00	\$32.47	•			•			97	•
	InStil Health Insurance Company	InStil InChoice Option I - Regional		 	•	ļ		\$12.00	-	ļ	 						
ļ		InStil InChoice Option I - Regional			•			\$47.00	\$35.28	•			•			96	•
		InStil InChoice Option II - Regional			•			\$60.00	-								
	Conventioning on Direct	InStil InChoice Option II - Regional		.	•			\$102.00	\$41.87	•	-		•	•		96	•
	SecureHorizons Direct	SecureHorizons Direct Plan 1				-		\$0.00 \$85.00	-								
WAYNE	Humana Inguranaa Campanu	SecureHorizons Direct Premier Plan 200 HumanaChoicePPO PPO R5826-017				•		\$85.00 \$50.00	-								
WATINE	Humana Insurance Company	Humana Gold Choice PFFS H1804-014			•	•		\$63.00	\$30.89							97	
		HumanaChoicePPO PPO R5826-031			•	⊢ •		\$86.00	\$21.32	<u> </u>			•			97	•
		HumanaChoicePPO PPO R5826-004			•			\$97.00	\$32.47	•	<u></u>		•			97	•
	InStil Health Insurance Company	InStil InChoice Option I - Regional			•			\$12.00	ψ02.47 -				·			31	•
	inour reality insurance company	InStil InChoice Option I - Regional			•			\$47.00	\$35.28				•			96	•
		InStil InChoice Option II - Regional			•			\$60.00	-							- 00	-
		InStil InChoice Option II - Regional			•			\$102.00	\$41.87							96	•
WEBSTER	Humana Insurance Company	Humana Gold Choice PFFS H1804-006				•		\$0.00	\$0.00	•			•			97	•
	· · ·	HumanaChoicePPO PPO R5826-017			•			\$50.00	-							-	
		HumanaChoicePPO PPO R5826-031			•			\$86.00	\$21.32		•					97	•
		HumanaChoicePPO PPO R5826-004			•			\$97.00	\$32.47	•			•			97	•
	InStil Health Insurance Company	InStil InCare				•		\$0.00	-								
		InStil InChoice Option I - Regional			•			\$12.00	-								
		InStil InChoice Option I - Regional			•			\$47.00	\$35.28	•			•			96	•
		InStil InChoice Option II - Regional			•			\$60.00	-								
		InStil InChoice Option II - Regional			•			\$102.00	\$41.87	•			•	•		96	•
	SecureHorizons Direct	SecureHorizons Direct Plan 2				•		\$0.00	-								
		SecureHorizons Direct Premier Plan 200				•		\$85.00	-								
WHEELER	Humana Insurance Company	HumanaChoicePPO PPO R5826-017			•			\$50.00									
		Humana Gold Choice PFFS H1804-014		<u> </u>		•		\$63.00	\$30.89	•			•			97	•
		HumanaChoicePPO PPO R5826-031		ļ	•	-		\$86.00	\$21.32		•					97 97	•
	InStil Health Insurance Company	HumanaChoicePPO PPO R5826-004 InStil InChoice Option I - Regional						\$97.00 \$12.00	\$32.47	•			•			97	•
	Insui Health Insurance Company	InStil InChoice Option I - Regional			•			\$47.00	- \$35.28				•			96	•
		InStil InChoice Option II - Regional			-:-			\$60.00	φ33.26 -				•			90	•
		InStil InChoice Option II - Regional			•			\$102.00	\$41.87	•			•	•		96	•
	Blue Cross Blue Shield Healthcare Plan	Thou monoice option in Regional			-			Ψ102.00	ψ+1.07				-			50	-
WHITE	of Georgia	SmartValue Classic				•		\$29.00	-								
		SmartValue Plus		l				\$34.00	\$21.76							88	
	Humana Insurance Company	HumanaChoicePPO PPO R5826-017		l	•	† -		\$50.00	φ21.70	†	†	<u> </u>	<u> </u>			- 55	<u> </u>
	· · · · · · · · · · · · · · · · · · ·	Humana Gold Choice PFFS H1804-014		1		•		\$63.00	\$30.89	•	†	1	•			97	•
		HumanaChoicePPO PPO R5826-031		1	•			\$86.00	\$21.32		•					97	•
		HumanaChoicePPO PPO R5826-004			•			\$97.00	\$32.47	•			•			97	•
	InStil Health Insurance Company	InStil InChoice Option I - Regional			•	1		\$12.00	-	1	1						
	, ,	InStil InChoice Option I - Regional			•	1		\$47.00	\$35.28	•	1		•			96	•
1		InStil InChoice Option II - Regional	1		•	t		\$60.00	-	t	 		1	l .	1		
		ilioti iliciloice Option il - Regional						Ψ00.00	-								

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Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

		Description									Cost				Cove	erage		Convenience
			Me		ype of Advantage	Plan					D	rug Deduc	tible		Coverage	Additional Offered in erage Gap		
County	Organization Name	Plan Name	нмо	Local PPO	Regional PPO	Private Fee-for- Service		Demo	Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Zero	Reduced	Standard (\$250)	Includes Tiered Copayments for Drugs	- Generics Only	Generics and Brands	Number of Top 100 Drugs on Formulary	Mail Order Offered
County	Blue Cross Blue Shield Healthcare Plan		111110	110	110	OCI VICE	1 IGH	1 Iuii	1 Territarii)	Tremium	20.0	71000000	(\$200)	Drugs	O.n.y	Dianao	Tormulary	Oncica
WHITFIELD	of Georgia	SmartValue Classic				•			\$29.00	-								
		SmartValue Plus							\$34.00	¢04.76			_				88	
	Humana Insurance Company	HumanaChoicePPO PPO R5826-017			•	•			\$50.00	\$21.76			•	•	1		00	•
	Transarance company	Humana Gold Choice PFFS H1804-014			· ·	•			\$63.00	\$30.89	•						97	
		HumanaChoicePPO PPO R5826-031			•				\$86.00	\$21.32		•					97	•
		HumanaChoicePPO PPO R5826-004			•				\$97.00	\$32.47	•			•			97	•
	InStil Health Insurance Company	InStil InChoice Option I - Regional			•				\$12.00	-				İ				
	1 2	InStil InChoice Option I - Regional			•				\$47.00	\$35.28	•			•			96	•
		InStil InChoice Option II - Regional			•				\$60.00	-								
		InStil InChoice Option II - Regional			•				\$102.00	\$41.87	•			•	•		96	•
	SecureHorizons Direct	SecureHorizons Direct Plan 4				•			\$25.00	-								
		SecureHorizons Direct Premier Plan 100				•			\$95.00	-								
WILCOX	Blue Cross Blue Shield Healthcare Plar of Georgia	SmartValue Classic							\$29.00	-								
		SmartValue Plus							\$34.00	\$21.76							88	
	Humana Insurance Company	HumanaChoicePPO PPO R5826-017			•				\$50.00	Ψ21.70				•			00	
	Tramana insurance company	Humana Gold Choice PFFS H1804-014			-	•			\$63.00	\$30.89	•			•			97	
		HumanaChoicePPO PPO R5826-031			•				\$86.00	\$21.32		•					97	•
		HumanaChoicePPO PPO R5826-004			•				\$97.00	\$32.47	•	i e		•			97	•
	InStil Health Insurance Company	InStil InChoice Option I - Regional			•				\$12.00	-								
		InStil InChoice Option I - Regional			•				\$47.00	\$35.28	•			•			96	•
		InStil InChoice Option II - Regional			•				\$60.00	-								
		InStil InChoice Option II - Regional			•				\$102.00	\$41.87	•			•	•		96	•
	SecureHorizons Direct	SecureHorizons Direct Plan 4				•			\$25.00	-								
		SecureHorizons Direct Premier Plan 100				•			\$95.00	-								
WILKES	Blue Cross Blue Shield Healthcare Plar of Georgia	SmartValue Classic							\$29.00	-								
		SmartValue Plus							\$34.00	\$21.76							88	
	Humana Insurance Company	HumanaChoicePPO PPO R5826-017							\$50.00	φ21.70			_	•			- 00	
		Humana Gold Choice PFFS H1804-014				•			\$63.00	\$30.89		1					97	•
		HumanaChoicePPO PPO R5826-031			•				\$86.00	\$21.32		•					97	•
		HumanaChoicePPO PPO R5826-004			•				\$97.00	\$32.47	•			•			97	•
	InStil Health Insurance Company	InStil InChoice Option I - Regional			•				\$12.00	-								
		InStil InCare				•			\$30.00	-								
		InStil InChoice Option I - Regional			•				\$47.00	\$35.28	•			•			96	•
		InStil InChoice Option II - Regional			•				\$60.00	-								
		InStil InChoice Option II - Regional			•				\$102.00	\$41.87	•	ļ		•	•		96	•
	SecureHorizons Direct	SecureHorizons Direct Plan 3				•	L		\$0.00	-	 	ļ						
		SecureHorizons Direct Premier Plan 200		 	ļ	•			\$85.00	-	ļ	ļ			ļ			<u> </u>
WILLIAM CONT	Sterling Option I	Sterling Option I				•			\$9.00	-		ļ						├
WILKINSON	Humana Insurance Company	HumanaChoicePPO PPO R5826-017			•	<u> </u>	-		\$50.00	- 000	<u> </u>	1			1		07	
		Humana Gold Choice PFFS H1804-014 HumanaChoicePPO PPO R5826-031		l		•			\$63.00 \$86.00	\$30.89 \$21.32	•			•	 		97	- :
		HumanaChoicePPO PPO R5826-031 HumanaChoicePPO PPO R5826-004		-	•	-	-		\$97.00	\$21.32		<u> </u>	-		 		97 97	•
	InStil Health Insurance Company	InStil InChoice Option I - Regional		1	•	1			\$97.00 \$12.00		•	1		· •	1		91	
-	mour ricaiur mourance company	InStil InChoice Option I - Regional		 	•	1			\$47.00	\$35.28		 			 		96	
		InStil InChoice Option II - Regional		 	•	 	 		\$60.00	ψυυ.Ζυ	L -	-		 	 		30	
		InStil InChoice Option II - Regional			•	 			\$102.00	\$41.87	•	-		•	•		96	
	SecureHorizons Direct	SecureHorizons Direct Plan 4				•			\$25.00	-		1	1	1				
		SecureHorizons Direct Premier Plan 100	 		l	•	_		\$95.00	-	 	t			i	l		

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Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

		Description								Cost				Cove	erage		Convenience
			М		Гуре of Advantage	Plan				D	rug Deduct	ible		Coverage	Additional Offered in verage Gap		
County	Organization Name	Plan Name	нмо	Local PPO		Private Fee-for- Service		Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Zero	Reduced	Standard (\$250)	Includes Tiered Copay- ments for Drugs	Generics Only	Generics and Brands	Number of Top 100 Drugs on Formulary	Mail Order Offered
WORTH	Humana Insurance Company	Humana Gold Choice PFFS H1804-013				•		\$43.00	\$30.89	•			•			97	•
		HumanaChoicePPO PPO R5826-017			•			\$50.00	-		1						
		HumanaChoicePPO PPO R5826-031			•			\$86.00	\$21.32		•					97	•
		HumanaChoicePPO PPO R5826-004			•			\$97.00	\$32.47	•	Ĭ		•			97	•
	InStil Health Insurance Company	InStil InChoice Option I - Regional			•			\$12.00	-								
		InStil InChoice Option I - Regional			•			\$47.00	\$35.28	•			•			96	•
		InStil InChoice Option II - Regional			•			\$60.00	-								
		InStil InChoice Option II - Regional			•			\$102.00	\$41.87	•			•	•		96	•